MT.

CONFIDENTIAL FILING

Prime Ministers meeting ~~with~~ the EC Committee of Cancer Experts.

25 May 1989

Inside: Europe Against Cancer - Press Pack

EUROPEAN POLICY

February 1988 9

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EAM

10 DOWNING STREET
LONDON SW1A 2AA

From the Private Secretary

20 October 1992

I am writing to thank you for the thorough briefing you sent across for the Prime Minister's meeting with the European Cancer Experts. As you know, the meeting has now had to be cancelled. I should be grateful if you could pass on my apologies for the inconvenience to those who prepared the briefing.

MARK ADAMS

R Jex Esq
Department of Health

File

DEPARTMENT OF HEALTH

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Telephone 01 210 5105
From the
Minister for Health

19/10/92

Mark Adams Esq
Private Secretary to the
Prime Minister
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Dear Mark,

EUROPEAN CANCER EXPERTS COMMITTEE

Thank you for your letter of 13 October to Robert Creighton.

As promised, I attach briefing for the Prime Minister's meeting with the EC Committee of Cancer Experts at 16.30 on Thursday 22 October.

Please do not hesitate to contact me if you require anything further.

Yours

ROB JEX
Assistant Private Secretary

MEETING CANCELLED

1. Miss Wilson ASPU3
2. Mr Jex APS/M(H)

From: Mr Brechin ASPU3
Date: 19 October 1992

cc; Dr McGovern PS/CMO
Mr Armstrong PS/PS(H)
Mr Garlick ASPU
Mr Poole NUR
Dr Sutton HP(M)
Mr Rentoul HP(A)2D
Miss Wilson ASPU3
File

EC CANCER EXPERTS MEETING: 22/23 OCTOBER

1. You asked for briefing for this event which you will forward to No.10. The package also goes to the offices of CMO and PS(H).

BACKGROUND

2. A note on the Cancer Experts Committee is included in the briefing pack. It was set up in 1985 and consists of representatives from each EC member country (one from the smaller countries, two from the larger ones). It meets twice a year, now in the capital of the country holding the EC Presidency. The Committee last met in London in 1989. It met in Lisbon in April this year.

THE MEETING

3. The meeting is being held in the Stakis St Ermin's Hotel, Caxton Street, SW1, on 22 and 23 October. The Prime Minister is receiving the Experts in Downing Street at 4.30pm on the first day; there is a dinner in Lancaster House, hosted by PS(H), that evening. The meeting will end at about noon on the second day. Thereafter, the Experts are due to meet members of the United Kingdom Co-ordinating Committee on Cancer Research(UKCCCR) at the Royal College of Physicians.

MEMBERS AND INTERESTS

4. A membership list is included in the briefing. The Committee President is Professor Maurice Tubiana of France. The United Kingdom members are Professor Norman Bleehen, Addenbrooke's Hospital, Cambridge, (the Committee Vice President and CMO's consultant adviser on radiotherapy), and Dr Helen Sutton, Senior Medical Officer in the Department with responsibility for cancer services. Professor Tubiana wrote to SoS following the Lisbon meeting drawing her attention to the Committee's statement supporting a ban on tobacco advertising.The subject may be discussed again.

EUROPE AGAINST CANCER

5. Full briefing on EAC and UK support for EAC projects is included in the briefing package. Agreement on the programme was reached in 1985; there have been two action plans since then, with the second, (1990-1994), now half completed. Department of Health allocates funds to individual EAC projects on the advice of the UK Steering Group, a sub-committee of the UKCCCR

6. Briefing is attached as follows;

A a covering sheet for the Prime Minister with the current position on evaluating the Europe Against Cancer programme, plus a line to take.

B a background note on cancer and the Government's recent record

C a background note on Europe Against Cancer and UK support for EAC projects

D a note on the Cancer Experts Committee and a membership list

E the agenda for the meeting (NB. Mme Papandreou is **not** now attending)

F background and lines to take on smoking and tobacco advertising

G background and key points on Health Of The Nation

H notes on the national breast and cervical cancer screening programmes and the breast and cervical cancer targets in Health Of The Nation

I a note on skin cancer and current policy

7. M(H) will recall his discussion with Dr Hunter in Brussels on 12 October and that Dr Hunter made a strong plea that the UK should resist attempts to develop the Europe Against Cancer programme in the area of treatment; M(H) replied that the UK would certainly oppose such an attempt. (Dr Hunter will be attending the Cancer Experts meeting.)

8. Please let me know if there is anything further you require.

Alistair Brechin
518 EH
X22816

A

EC CANCER EXPERTS MEETING ON 22/23 OCTOBER: GENERAL NOTE FOR THE PRIME MINISTER

Background

The Prime Minister will wish to know of the wider context to the Committee of Cancer Experts current evaluation of past activities and consideration of future work. The Commission is required, by a decision of the Council, to present an evaluation of the past 5 years of the "Europe against Cancer" programme by the end of the year. This evaluation had been expected to be on the agenda of the Health Council on 13 November. The Commission have been in possession of the Expert Committee's evaluation for some time but have been most reluctant to bring it before the Health Working Group, whose job is to prepare it for consideration by Health Ministers. A number of delegations have expressed strong displeasure at the delay but our (private) understanding is that the Commission wish to consider the evaluation further before agreeing it. It will not now be a substantive item for 13 November. Until the evaluation is agreed by Health Ministers the projected increase in the programme's funds of 5 mecu cannot be paid (we do not believe this is yet a pressing issue, since the programme runs until 1994).

The UK has tactically no strong interest in the Commission seeking a ministerial evaluation at this stage of our Presidency. Indeed there are some advantages to it waiting until the Danish Presidency. The UK Presidency will have launched a debate at the November Health Council on a framework for future EC activities in the field of public health. This should provide a context for examining past and future activity of the "Europe against Cancer" programme in the light of its added value and conformity with subsidiarity.

We therefore suggest that in his general remarks the Prime Minister takes the following line.

Points to make:

* express appreciation of the input of expert advice that has gone into evaluating the programme. Sure it will be a valuable contribution to Health Ministers consideration of the programme in due course. Obviously, cannot express a substantive view until the Commission has presented a formal evaluation and ministers have studied it.

* EC has taken forward a number of useful initiatives in the cancer field (for example, the ten point programme on cancer prevention; directives on tobacco warnings and banning oral snuff). [If pressed: though we continue to prefer our voluntary controls on tobacco, we continue to keep the evidence under review.]

* European co-operation over public health is an area where ordinary people are likely to recognize the real value of working together. Professionals involved in the field need to be determined that Community activity add real value to national initiatives.

* Government has always welcomed the public health article included in the Maastricht treaty (A129). After ratification, look forward to it giving renewed impetus to co-operation in Europe over public health, including Cancer issues. [if pressed: but actual delivery of services must remain a member state responsibility]

B

CANCER

Introduction

1. There are over 200 different types of cancer. More than 200,000 new cases are diagnosed in England and Wales each year; one in three people will develop cancer at some time in their life. The commonest types of cancer are:

Men	Women
Lung (24%)	Breast (22%)
Non-melanoma skin cancer (14%)	Non-melanoma skin cancer (12%)
Colorectal (11%)	Colorectal (12%)

2. Deaths in England and Wales in 1990 were

All cancers	144,577
Lung	34,375
Breast	13,741
Cervical	1,781
Prostate	8,098
Colorectal	17,223

Treatment

3. As with all diseases, much of the care of the cancer patient is provided by GPs and other health professionals working outside hospital. Hospital treatment is provided in district general hospital and in a number of specialist cancer centres.

Specialist Centres

4. The claim that patients do better in specialist centres is unquantified, except for comparatively rare conditions. It has not been established how far variations in survival are due to difference in place of treatment, as opposed to age, sex and social class. No case has been made for concentrating all treatment in specialist centres and there would be problems in requiring patients to travel further than they do now for regular treatment.

Medical Manpower

5. Radiotherapists in the UK have high workloads by international standards. But many other clinicians are involved in cancer care (surgeons, physicians etc). The Government has encouraged health authorities to expand overall consultant manpower by 2% a year. It is for authorities to decide on the balance between specialties in light of the demand on services.

Medical Equipment

6. Health authorities have rolling programmes for the replacement of medical equipment, including linear accelerators for cancer treatment. While the need for replacement is recognised, safe and high quality treatment is being provided with existing resources. The UK's safety requirements are among the most stringent in the world. The Government has launched a 3 year programme (£15M in 1992/93) to speed up the replacement of equipment.

Advice to the Government

7. The Standing Medical Advisory Committee (SMAC) has a Standing Sub-Committee on Cancer (SSCC) which advises Ministers on developments and areas where action may be requires. The SSCC Cancer Services Working Group is currently producing a report concentrating on hospital services and the relationship and balance between District General Hospitals and specialist centres. Existing services, their strengths and weaknesses, and where change would benefit patient care, will be covered. The components of a high quality service will be identified.

Cancer Registration

8. The National cancer Registration Scheme in England and Wales is based on 11 regional cancer registries in England (1 registry in each RHA except for the 4 Thames regions, which are covered by one registry). The registries collect and process raw information (diagnoses, deaths etc) and then pass an agreed set of data to the Office of Population Censuses and Surveys (OPCS). OPCS publish figures for the whole of England and Wales when they have received and validated data for all 12 registries.

9. The registration scheme provides essential basic information needed by regional and district health authorities to ensure that health needs are met. A Steering Committee on Cancer Registration has been set up to oversee the working of the system.

Screening

10. The UK was the first country in the EC to introduce breast and cervical screening programmes based on inviting women by computerised call and recall. The case for screening for other cancers, eg ovarian, colorectal, prostate, is not established.

Recent Record

11. The Government has:

- Issued guidance on achieving the highest possible standards of quality assurance in radiotherapy (May 1991)

- Promulgated professional guidance on the treatment of ovarian cancer (November 1991), and asked for similar guidances on lung cancer to be prepared.

- Provided £180,000 in 1991/92 to promote UK actions in support of the 'Europe Against Cancer' initiative

- Provided a total of £25 million in 1990/91 and 1991/92 to support hospices providing services for cancer patients and others. A further £32 million has been allocated in 1992/93.

- Launched major reviews of

  the organisation of palliative care services,

  the national cancer registration system.

- Provided £130,000 to support projects by Cancer Relief Macmillan Fund to improve the care of cancer patients at home and evaluate support for children with cancer.

- Provided over £500,000 to the Open University to develop a training package for professionals and volunteers.

- Allocated £15 million in 1992/93 as the first phase of a 3 year capital programme to provide linear accelerators for cancer treatment and other medical equipment.

- Sought advice on the organisation of cancer services.

Europe Against Cancer

" Europe Against Cancer " is a campaign aimed at reducing the number of deaths from cancer in member states by 15% by the year 2000 by pooling knowledge and experience of its prevention, detection and treatment. Agreement in principle on the desirability of an EAC programme was reached in 1985. The main themes of the whole programme are:
- prevention including screening and anti-smoking measures
- public information and health education
- training of health professionals
- the co-ordination of research

The current action plan to which all Health Ministers are committed was adopted in 1990 and runs until 1994. This action plan has a budget provision of up to 55 million ECU and its general aims are:

1. disseminating and monitoring the implementation of previous recommendations on cancer training for doctors, nurses and dentists

2. encouraging mobility of students and professional staff

3. promoting specific training projects

4. exchanging experience of teaching materials, both in the general cancer field and with specific reference to palliative care.

Under the terms of the current action plan the Commission is required to present to the Council of Ministers an evaluation of the programme as a whole by the end of 1992.[CMO was a member of the Europe Against Cancer Evaluation Committee.Among the Committee's conclusions are that the programme should be strongly supported and should continue beyond the year 2000 'because of the long term nature of the problem'.]

For the year 1991/92 the Department of Health, advised by the United Kingdom Coordinating Committee on Cancer Research (UKCCCR), has awarded grants totalling £180,000 towards UK projects in support of the "Europe Against Cancer Campaign".£161,000 has been allocated for 1992/93.This sum has not yet been awarded to individual projects.

The theme of this year's information campaigns is "Cancer in the Workplace".

EUROPE AGAINST CANCER FUNDING - 1988/89 - 1992/3

1988/89

The funding for 1988/89 (£100,000) came from the balance of money arising from the understatement of the Retail Price Index (known as RPI ERROR MONEY).

ORGANISATION	GRANT
CANCER EDUCATION CO-ORDINATING GROUP various projects	£50,850
SCOTTISH COMMITTEE - *ASH* To devise means of supporting the extension and development of SMOKEBUSTERS clubs in Scotland UK and Europe	£6,000
CANCER LINK A study into the needs of ethnic minority groups and migrant workers	£6,661
WEST OF SCOTLAND CANCER SURVEILLANCE UNIT Proposal for public awareness campaign at the Glasgow Garden festival	£2,000
WEST OF SCOTLAND ONCOLOGICAL ORGANISATION EDUCATION OF THE PUBLIC ON CANCER GROUP Follow up of the EEC Initiative exhibition at the Glasgow Garden Festival	£5,489
ULSTER CANCER FOUNDATION Campaign to support a smoke-free environment in Northern Ireland	£6,000
■BLITHE 2nd Edition of "About Face"	£6,000
NATIONAL NO SMOKING DAY	£7000
TOTAL	£90,000

■BLITHE this money was later refunded and redistributed to the Graves Medical Audiovisual Library.

The remaining £10,000 was carried forward to 1989/90

1989/90

ORGANISATION	GRANT
CANCER RESEARCH CAMPAIGN	■ £10,000

Towards the cost of publicity material/posters
for Cancer Education Co-ordinating Group
and cancer treatment centres
in connection with European Week of
Information on Cancer (9-15 October)

■ This used the remainder of the £100,00 allocated in 1988/89

No additional funds were provided in 1989/90

1990/91

The Department made available £50,000 in 1990/91.

ORGANISATION	GRANT
TACADE	£10,000

Project to disseminate and evaluate
the cancer awareness course, "Cancer in Perspective"

GRAVES MEDICAL AUDIOVISUAL LIBRARY	£10,000

To prepare a cancer education
resource pack for nurses

CANCER RESEARCH COMMITTEE	£3,000

Towards the cost of producing
a booklet on passive smoking

BACUP	£12,000

Support for printing cancer
education publications

CANCER RESEARCH COMMITTEE	£15,000

To assist with the costs of
a workshop on cancer prevention
in primary care

1991/92

The Department made available £180,000 in 1991/92

ORGANISATION	GRANT
CANCER EDUCATION COORDINATING GROUP To produce advice for women who have had a positive breast or cervical screening episode	£50,000
CANCERLINK To produce advice on cancer prevention and care for ethnic minorities	£35,000
CANCER EDUCATION COORDINATING GROUP To develop interactive teaching materials on cancer prevention	£30,000
CANCER EDUCATION COORDINATING GROUP To develop courses and materials on cancer prevention in primary care	£20,000
ST OSWALD'S HOSPIC To produce a distance learning package on palliative care	£20,000
CANCER EDUCATION COORDINATING To revise a handbook for health professionals on cancer care	£12,000
CANCER EDUCATION COORDINATING COMMITTEE To develop a public information project on passive smoking	£6,250
BACUP To produce advice for patients with advanced disease	£5,000
CANCER EDUCATION COORDINATING GROUP To re-print a cancer prevention leaflet	£1,750

1992/3

£156,00 has been allocated for 1992/93. This sum has not yet to be be awarded to specific projects.

D

EC COMMITTEE OF CANCER EXPERTS

The decision to set up an 'ad hoc' committee of cancer experts was taken at the Foreign Affairs Council on 16 and 17 December 1985.Its remit was to advise the European Commission on priorities for,and means of implementing,a 'Europe Against Cancer'programme.The Committee has met 15 times,most recently on 6-7 April in Lisbon.The Committee meets twice a year,usually in the country holding the EC Presidency, although this year has been an exception with a special meeting in Berlin with experts from Eastern Europe to address the issue of partnership.The Committee has met once previously in London on 25-26 May 1989 when members were received by the Prime Minister.The Committee has generated a substantial network of sub-committees and working groups since its inception.

Membership

Members are nominated by the Health Ministries of member states.The United Kingdom's expert since the outset has been Professor Norman Bleehen,Chairman of the Standing Medical Advisory Committees,Standing Sub-Committee on Cancer and CMO's consultant adviser on radiotherapy.Ministers accepted at the time that it would be essential for Professor Bleehen to be actively supported and accompanied to meetings by the SMO with responsibility for cancer treatment and screening services.Dr Helen Sutton is the present nominee.A complete membership list is attached.

DH/ASPU3 OCTOBER 1992

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DOC1REV

"EUROPE AGAINST CANCER"
16th MEETING OF THE COMMITTEE OF CANCER EXPERTS

LONDON, 22-23 OCTOBER 1992

DRAFT AGENDA

OBJECTIVES OF THE MEETING :

1. Approval of the Opinion of the Committee on future activities within the Programme
2. Preparation of a recommendation from the Committee concerning a 3rd 1994-1998 action plan

THURSDAY 22 OCTOBER

First session : 10.00 - 13.00

10.00	Opening by Dr B. Mawhinney, M.P., Minister for Health	
10.20	Approval of the draft agenda and of the minutes of the 15th meeting	DOC 1 & 2
10.30	Information on the new organigram of "Europe against cancer" (Dr. Hunter)	DOC 3
10.45	Approval of the draft opinion of the Committee on future activities within the programme (Pr. Tubiana)	DOC 4
12.30 -	Approval of the recommendations for funding of 1993 projects concerning prevention, screening, training.	DOC 5
-	Information on the opinion (9 October 1992) of the Consultative Committee of the BIOMED research programme on projects to be funded starting 1993	DOC 6
13.00	LUNCH	

Second session : 14.30 - 16.00

14.30	Examination of the draft 3rd action plan (1994-1998) prepared by the ad-hoc working group of the Committee : Research (Pr. Tubiana-Pr. Bleehen)/Prevention (Pr. Kroes)	DOC 4 DOC 7
15.30	Preparation of the meeting with the Prime Minister	
16.00	Departure for the meeting with the Prime Minister scheduled at 16.30	
19.00	OFFICIAL DINNER	

FRIDAY 23 OCTOBER

Third session : 08.30 - 12.00

08.30	Examination of the draft 3rd action plan (continued): Screening (Pr. Tubiana)/Care Management (Pr. Bleehen - Pr. Diehl - Pr. Overgaard)/Training (Pr. Estape-Dr. Costa)/ Information and Health Education (Pr. Tubiana)	DOC 4 DOC 7
10.45	Opinion of the Committee on the draft Communication from the Commission on the evaluation report of the Programme	DOC 10
11.15	Presentation of "Reducing the risks of cancer" (Pr. Johnson)	
11.30	Approval of the reports on palliative cancer care and on paediatric oncology in Europe	DOC 8 & 9
11.45	Any other business : Relation with Eastern and Central Europe (Pr. Diehl)	

DOC 1 : Draft agenda (ENG/FR)
DOC 2 : Minutes of the 15th meeting of the Committee in Lisbon, 6-7 April 1992 (ENG/FR)
DOC 3 : New organigram of "Europe against Cancer" Programme (ENG/FR)
DOC 4 : Draft third action plan 1994-1998 (including a Committee opinion to be adopted) (ENG)
DOC 5 : Recommendations for funding of projects in 1993 : Prevention, screening, training (ENG)
DOC 6 : Cancer research projects recommended for funding in 1993 by the Consultative Committee of BIOMED (ENG)
DOC 7 : Background document : Contributions from members of the Working Group on the preparation of a third Action Plan following its meeting in Paris, on 18 June 1992 (ENG)
DOC 8 : Report of the Subcommittee on Palliative Cancer Care (ENG)
DOC 9 : Report on pa (ENG)

16 OCT '92 15:09 INFORMATION DIV 071 972 2526 INFORMATION DIV

F

HEALTH OF NATION DEBATE 22 OCTOBER: BRIEFING ON SMOKING

1.Targets: Line to take

The Government is determined to reduce the prevalence of smoking to the levels set in the White Paper. The targets are ambitious:

* to reduce the prevalence of cigarette smoking in men and women aged 16 and over to no more than 20% by the year 2000
* to reduce the consumption of cigarettes by at least 40% by the year 2000

but we can and will achieve them.

2. Interdepartmental action: Line to take

The strategy outlined in the Paper is comprehensive and innovative, involving unprecedented cooperation across Departments and between statutory and non-statutory organisations.

3. Tobacco Advertising: Line to take

The contents of the Department's study on the effects of tobacco advertising will be made available in an appropriate form when it has been completed.

We made clear in "The Health of the Nation" that we consider controls on tobacco advertising to be part of a comprehensive anti-smoking strategy. That document records our commitment to "review the effects of advertising, particularly on children, and consider what further steps are necessary".

4. Voluntary Agreements on Advertising: Line to take

4.1 General line:

The series of voluntary agreements the Government has made with the tobacco industry has been an effective way of controlling advertising and promotions. Its provisions have been tightened up over the years.

4.2 Line to take on 50% reduction of permanent shopfront tobacco advertising:

We have every confidence that next year's report from COMATAS on the monitoring of this reduction will show that it is proceeding smoothly. We are particularly pleased that advertising near schools will be removed as a priority.

4.3 Line to take on the inadequacies of monitoring the Agreement as a whole

The Committee decided at an early stage that to rely solely on the random incidence of complaints as a measure of compliance by the industry would not be sufficient. The Committee commissions independent consultants to investigate how certain aspects of the agreements are being adhered to. COMATAS has so far commissioned 6 studies. Details of the auditors' reports

aims set out in the annual reports of the Committee.

4.4 Line to take on sports sponsorship

The voluntary agreement on tobacco sponsorship of sport is the responsibility of my Hon Friend, the Secretary of State for National Heritage.

5. Price: Line to take
We have long recognised the importance of high prices in discouraging smoking. However, the Health of the Nation records for the first time a commitment at least to maintain the real level of taxes on tobacco products. I am grateful to my Hon friend the Chancellor of the Exchequer for this unprecedented commitment.

The advent of the single market must not be allowed to undermine our health strategy: Customs and Excise are confident that it will not. However, we will be working to persuade other EC Member States to raise their prices to match our own.

6. Health education: Line to take
Smoking is a matter for individual choice - but we will continue to ensure that the health messages about smoking are widely known. We are currently funding a teenage smoking campaign and a campaign on smoking in pregnancy. The Health of the Nation commits us to developing a major new programme aimed at adult smokers.

7. Preventing up-take by the young: Line to take
We are continuing our 5 year teenage smoking campaign. This has cost £2m+ per year.

8. Children and Young Persons (Protection from Tobacco) Act 1991
This Act has increased the penalties for selling tobacco to the young. The part of the Act which requires the display of warning notices at all retail outlets for tobacco will shortly come into force.

9. Protecting non-smokers: Line to take
Our stated targets are:

* 80% of public places to be smokefree by 1994
* the large majority of employees to be covered by a no-smoking policy by 1995

Great strides have been made in the provision of smokefree areas and services as managements respond to pressure from consumers, customers and employees. Most adults don't smoke and even the majority of smokers support this development.

10. NHS role: Line to take
The NHS will be a lead player in encouraging smokers to give up and helping those who choose to do so. As a major employer and the manager of premises used by thousands of members of the public, it has the opportunity to make a huge impact on smoking behaviour. For this reason:

* NHS hospitals will be virtually smokefree from May 1993.

11. Ban on oral tobacco: Line to take

I am pleased to say that the ban will shortly be in force in this country and throughout the EC. This highly addictive form of tobacco use will not now gain a toe-hold in the UK market and among our young people as it has done with sometimes tragic results in the States.

12. Nicotine patches/sprays: Line to take

Several new nicotine replacement therapies are currently being developed. We are reviewing the whole range of these anti-smoking products to assess their efficacy and to consider what role, if any, they might play in our overall strategy to reduce smoking prevalence.

13. Smoking Epidemic: Line to take

The original version of the "Smoking Epidemic" provided useful information for health managers and professionals in stimulating local action to reduce smoking. We hope that the additional information in the new version published on Monday 12 October will provide further publicity for the damaging effects of smoking. If it succeeds in doing so, it will help to achieve the reduction in smoking that we are committed to.

14. Hypothecated taxes to fund sports/arts: Line to take

Any attempt to tax tobacco to fund sports or the arts would lead to inequity and confusion. Hypothecated taxes take no account of relative needs and priorities and since the budget for a particular activity is governed simply by the tax take, rational financial decision making is pre-empted.

BACKGROUND NOTES

1. Targets:
The full targets given in the White Paper are:

* To reduce the prevalence of cigarette smoking in men and women aged 16 and over to no more than 20% by the year 2000 (a reduction of at least 35% in men and 29% in women, from a prevalence in 1990 of 31% and 28% respectively).

* In addition to the overall reduction in prevalence, at least a third of women smokers to stop smoking at the start of their pregnancy by the year 2000.

* To reduce the consumption of cigarettes by at least 40% by the year 2000 (from 98 billion manufactured cigarettes per year in 1990 to 59 bn).

* To reduce smoking prevalence among 11-15 year olds by at least 33% by 1994 (from about 8% in 1988 to less than 6%).

2. Interdepartmental action:
The White Paper commits the Government to the following actions which will require the cooperation of the indicated OGDs:

i. to set up an interdepartmental task force

ii. to maintain the real level of taxes on tobacco products (Treasury)

iii. to work with the European commission to encourage other European countries with prices lower than the UK to raise them to match our own (Treasury, C/E)

iv. to monitor the provision of smoke-free areas in public places (DoE)

v. to amend legislation to allow taxi drivers to ban smoking in their cabs (DTp)

vi. to work to establish smoking policies in Government departments to protect non-smokers from tobacco smoke in the working environment (all depts., OHS)

vii. Local authorities to ensure that their premises are covered by appropriate non-smoking policies (DoE)

viii. The majority of employers covered by smoking policy by 1995 (DE/HSE)

ix. to monitor the legislation for enforcing the law on illegal sales (Home Office)

3. Tobacco Advertising:

The Chief Economic Adviser has carried out an analysis of the effects of tobacco advertising. There is a public commitment to publish this when complete. There has been considerable

pi[illegible]s speculation about its conclusions and likely publication date, recently revived because of the "Health of the Nation" debate on 22 October and the fact that the Health Select Committee is to consider the question of an advertising ban on 28 October.

4. Voluntary Agreements on Advertising/Sponsorship

4.1 General line

Over the years the voluntary agreements have increased the size and starkness of health warnings, restricted promotional activities, prevented the placing of posters near schools and playgrounds, limited the placing of magazine advertisements to protect young women, and undertaken to reduce shopfront advertising by 50% in the next 5 years.

4.2 50% reduction of shopfront advertising

i. This commitment is being audited by Coopers and Lybrand on behalf of COMATAS. They have established the number of advertisements in July 1991 as a base against which reduction will be measured. The first year's reduction will be reported in the 6th Annual Report of the Committee.

ii. The reduction is to be evenly distributed by type of advertisement and by geographical area, although priority is to be given initially to shops near schools.

iii. There has recently been correspondence in the BMJ criticising this provision of the Agreement as liable to "cheating" by the Industry. The Chairman of COMATAS has rebutted this by describing the monitoring arrangements.

4.3 The inadequacies of monitoring the Agreement as a whole

i. A PQ on 13 July 1991 from Andrew Smith (Oxford East) established that the proportion of breaches of the Voluntary Agreement reported in the 3rd and 4th COMATAS Annual Reports which occurred in Oxford were 35% (7 out of 20) and 77% (21 out of 27) respectively.

ii. A recent letter in the BMJ has pointed these figures out, claiming that since it is unlikely tobacco advertising in Oxford differs greatly from the rest of the UK, the Agreement is probably breached many times throughout the country and is inadequately monitored.

iii. As well as responding to complaints from the public, which are necessarily dependent on the level of local interest, COMATAS commissions independent studies of compliance with different aspects of the Agreement.

5. Price

i. Raising the price of tobacco leads to a reduction in demand. It is estimated that if the price of tobacco were to rise by 10% there would be a drop in consumption of between 3%

a[redacted]6%. This drop would be largely caused by smokers quitting.

ii. The real price of cigarettes in the UK has risen by 43% over the last 12 years. The increase in the duty of 10.4% in the last budget raised the price of cigarettes ahead of inflation.

iii. The UK has the second highest cigarette prices in the EC. Our most popular brand sells for more than 6 times the price of the most popular brand of Spanish cigarettes.

iv. The completion of the single market will allow EC nationals to import large numbers of cigarettes from other EC countries. (The "indicative level" for personal use is set at 800 cigarettes.)

v. the Government is working to persuade fellow Member States to raise their tobacco taxes to match ours.

6. Health Education

* Teenage Smoking Programme

We are now in the third year of a five year campaign to reduce the prevalence of smoking among teenagers, especially girls. The campaign costs more than £2m a year and is run jointly by the HEA and the Department of Health.

* Smoking and Pregnancy

We have funded a new HEA project to persuade pregnant women and those who are intending to have children to give up smoking. This will cost over £1m over two years.

7./8. Preventing up-take by the young/Children and Young Persons (Protection against Tobacco) Act 1991

We have just concluded the formal consultations on the warning notices that are to be displayed at the point of sale in all tobacco outlets and on vending machines.

9. Protecting non-smokers

i. Many organisations, large and small, have introduced smoking policies and while this trend continues we have no plans for legislation.

ii. There has been notable progress in the provision of smokefree cinemas, restaurant areas etc. British Rail has banned smoking on London's suburban routes and provides only limited smoking places on Inter-City trains. London's buses and Underground are also smokefree.

10. NHS role:

i. The NHS has a key role in advising people against smoking and in helping them to stop. The White Paper sets out some of the developments in patient care, provision of smoking clinics and record keeping that the Government will expect from the NHS. Some areas will no doubt have innovative ideas, and we will ensure these are shared widely.

ii. The NHS has an exemplary role both as a manager of public

i. The NHS has an exemplary role both as a manager of public places and employer of many thousands of workers. The whole health service will be working towards a virtually smokefree environment for staff, patients and visitors:

* stopping all sales of tobacco on NHS premises except to long-stay patients who are smokers, by the end of 1992

* ensuring that the NHS is smokefree except for limited necessary provision of separate smoking rooms by 31 May 1993 (World No Tobacco Day : theme Smokefree Hospitals)

11. Ban on oral tobacco

i. The UK has sought a ban because of the apparently higher cancer risk of oral snuff compared with other smokeless tobacco products, and because it was hoped to prevent the establishment of a new tobacco habit. This ban was quashed on procedural grounds, and an appeal was lodged. Meanwhile the tobacco company which sought the striking down of the ban has left its Scottish manufacturing plant inoperative. The UK has supported the introduction of an EC wide ban.

ii. Consultations on the draft regulations to implement the EC ban are now under way. The consultation period ends on 6 November.

12. Nicotine patches/nasal sprays

i. Nicotine patches have been granted a licence by the MCA but its status for prescription on the NHS is not yet certain. The manufacturers have recommended that doctors write private prescriptions for the patches. Their cost during the three month treatment period is comparable to the cost of smoking 20 cigarettes for three months (the patches are to help more heavily addicted smokers).

ii. The first full scale properly controlled trial of nicotine nasal sprays has just been completed. The sprays are still at the development stage; none is being marketed.

NOT FOR DISCLOSURE:
iii. The Advisory Committee on Borderline Substances will announce that the patches have been "blacklisted", like nicotine chewing gum, at the beginning of November.

NOT FOR DISCLOSURE:
iv. Professor Nick Wald has been asked to carry out a study of nicotine replacement therapies. He will be reporting to the DH on their efficacy and their place in an overall cessation strategy.

1. Smoking Epidemic:

i. This series of HEA publications published on Monday 12 October gives data on smoking related sickness and deaths in each Westminster and European Parliament constituency.

ii. It aims to give local information to health planners and to publicise the true costs of smoking in terms of the numbers of deaths and NHS hospital activity. The previous version (1991) which set out the data on a regional basis aroused a great deal of publicity about the health risks from smoking.

iii. This version also includes for the first time a chapter on the dangers of passive smoking. It states that "throughout life from conception onwards, one in two people are placed at risks from the harmful effects of tobacco".

4

ALTH OF THE NATION

KEY POINTS

* The "Health of the Nation" White Paper provided England for the first time with an explicit, coherent strategy for improving the health of the nation. The World Health Organisation has welcomed the Government's initiative of setting targets for health improvement in England. This follows on from WHO's own initiative of "Health For All by the year 2000".

* The English health strategy:

  focusses on health in in widest sense, rather than on health service delivery;

  sets challenging health targets in areas of concern - ie Key Areas. Progress towards meeting these targets will be monitored and reviewed;

  aims to build up partnerships in health, embracing all elements in country;

  embraces 14 Government Departments, showing collaboration starting at the top.

* The strategy is the beginning, not the end of activity. There will be periodic reviews, with further priority areas and targets added over time. This is a strong on-going initiative.

* NHS changes are about means to a more efficient service. The health strategy will build on this to bring further all-round improvements in health.

* NHS changes free HAs from day-to-day management of services and allow them to take a strategic view of peoples' health needs. The health strategy provides an action framework for national and local levels.

* Health promotion is the central theme of the health strategy. The new GP contract has health promotion at its core. Purchasers will do so for health gain.

* The strategy will embrace wider influences on health and stimulate initiatives sensitive to variations. Reform of NHS will improve identification of need and delivery of services so they are more responsive to local need.

Q AND A BRIEF

Possible Question	Answer
1. Will 'Health of the Nation' make any difference to the nation's health?	Yes. It identifies the areas where there is scope for the greatest improvement in health. It focuses attention in those areas. It identifies the potential for action both in the NHS and outside.
2. Why have these particular Key Areas been chosen?	These are the main areas which offer the most scope for improvement in health. Not everything can be a priority. This is the initial selection: the strategy will be rolled forward. These key areas also provide opportunities for involving all those - from the individual to government - who have the potential to affect health.
3. What about other potential Key Areas?	This is an initial selection. As the strategy is reviewed so others may be added. To start its important to pick those where there's most potential for progress. Non-selection doesn't mean any lessening of existing work in other areas. (For example a target of 95% coverage for childhood immunisation is included in the White Paper - not as a Key Area but building on good progress already made).

4. Will there be any extra resources to back up the health strategy?

Anyone who reads the White Paper will see immediately that a great deal can be achieved without extra resources.

The resources commited to health in this country are substantial - £36 billion NHS spending. NHS reforms have meant resources can be better used, not least towards preventing ill-health.

The strategy is about making the best use of resources the nation as a whole devotes to health. It follows that decisions about the future use of resources will reflect the priorities in the White Paper.

5. What will the strategy mean for the NHS?

The strategy builds on the direction in which the NHS is moving - ie to be as much concerned with maintaining good health as with health care. As such the strategy is not for the NHS alone but it recognises the unique role of the NHS both as a provider of health care and as an instigator of work <u>with others</u> to address the influences on health. The opportunities for "healthy alliances" are a recurring theme of the White Paper.

Why is there nothing in the strategy about inequalities and the impact of poverty on health?	Agree that wealth and health often go together, though for some diseases such as breast cancer, it is other way around. Government policies to improve prosperity will therefore be generally good for the nation's health. Opposition claim that poverty has increased under Conservative Government. But key measures of health - such as life expectancy and perinatal mortality, have improved throughout last decade. On latter, there has been improvement at all income levels.
What does the document say about removing the "inequalities" in health?	The strategy acknowledges the wider influences on health. It contains a number of practicable initiatives which are sensitive to these variations. The reforms of the NHS are also improving the delivery of services to where they are most needed and to being more responsive to specific areas of need.

8. What does the document say about smoking?

The decision to stop smoking is a matter of individual choice. The Government role is to ensure that that choice is exercised on an informed basis about the risks.

White Paper sets challenging targets on smoking and commits the Government both to the development of a comprehensive smoking strategy and a wide range of specific action. (including an inter-departmental Task Force to co-ordinate action in a number of areas, including price of products, health education programmes, further controls on smoking in public places, and controls on advertising. The UK has one of the best records in Europe in reducing smoking, and we will build on this in meeting the White Paper targets.

9. Why no ban on tobacco advertising?

Why does Government refuse to take the one step which would demonstrate a real commitment to better health?

Very firm target for reducing smoking. Will continue to use wide range of mechanisms - price, voluntary agreements on advertising, education etc - to get there.

UK has very good record reducing smoking, compared with other countries, demonstrating importance of other factors, especially price.

Not going to take lessons from Europe - especially when UK is in a minority of countries which do not grow tobacco. Would wish to see action during UK Presidency against subsidies for tobacco growing.

10. But why rely on voluntary agreements?

Because they have been shown to work. The agreements have recently been strengthened and we are not convinced of the need at present to have a ban on tobacco advertising, but we are keeping the position under review. We are determined to reach the targets in the White Paper and will consider further action where this is shown to be appropriate.

11. It is not for Government to tell people how to run their lives. Surely health strategy is just part of the encroaching 'nanny' state?

Government not trying to tell anybody how to run their lives. But it is a legitimate function of Government, of the NHS, and of other bodies relevant to health, to educate people and help them live healthier lives. People generally are becoming more health conscious and want more, and accurate, information. There is nothing wrong with a strategy which supports that trend.

Free access to NHS services comes as a matter of right. With that right comes a responsibility on the individual to prevent avoidable illness. Cost to NHS and the economy in general of avoidable ill-health is enormous. Government must be concerned to minimise that cost.

12. Will the Health of the Nation be at the expense of treatment and care of patients?

No. It is about ensuring we get the right balance of effort between treatment, care and rehabilitation, and the maintenance of good health and the prevention of illness. Neither has to be at the expense of the other.

13. Is the Government really committed to this initiative?

Yes. The White Paper is a government document covering the responsibilities of a number of Departments, not just those of the Department of Health. The commitment to action across Government is underlined by the creation of a special Cabinet Committee specially charged to oversee the development and implementation of the strategy across Whitehall.

14. What happens now?

This is just the beginning. The Health of the Nation ethos will increasingly inform all our work. A specific roll-out programme of work by the Department of Health and the NHS on implementation will begin immediately. A number of groups are being set up to look at each key area and their implications. Work production of handbooks for the NHS on good practice on meeting the targets in each Key Area has started.

Many existing initiatives take on a new relevance. For example the Government has begun discussion with the professions about changes in the health promotion arrangements in the GP contract to give family doctors a framework for contributing to the Health of the Nation strategy.

15. Why have you chosen diseases as Key Areas rather than causes?

This was considered carefully during the consultation period. The action we are proposing in the key areas addresses the causes as well as the diseases. For example, in CHD and Cancers, we are targeting smoking, which is one of the main causes of both heart disease and lung cancer. We believe we have set the correct balance for action to improve health and reduce premature death.

16. Are all the targets realistic?

Targets have been carefully chosen to be challenging but realistic. They are designed to provide an incentive to action that over-ambitious targets would not secure.

17. Trends for some diseases are downwards in any case. Will setting targets make any difference?

The targets are not simple extrapolations of trends. To reach the targets will require faster progress especially as progress in many of the areas becomes harder once the easier gains are secured.

18. How were the targets arrived at?

Target setting is not a precise science. Setting the targets has taken into account current trends, possible interventions, likely progress, experience elsewhere (including oversees) and the views of many experts.

19.	Who will be responsible for monitoring progress towards targets?	The Department of Health will be responsible for monitoring progress. The White Paper commits the Government to periodic reports of progress across Government, within the NHS and outside. The initiative will be built into the NHS' planning, monitoring and review processes.
20.	When will we begin to see any real change in the health of the nation?	Improvements in some areas will clearly show up earlier than in others and the range of targets reflect this. (eg reductions in cigarette consumption will be apparent long before reductions in lung cancer rates.)
21.	In the light of the recent Birmingham case, why isn't the Government promising more action to prevent the spread of AIDS?	AIDS/sexual health generally is one of the five key target areas. This is recognition of the fact that AIDS is the major public health risk we face. The targets set and action proposed are the right way forward.
22.	How does cutting dental fees contribute to an improvement in the nation's oral health?	Case for dental fee reduction well known. Have in fact been substantial improvements in recent years in dental health, especially in children. Fundamental review is the way forward - a better deal for dentists and patients means better dental health. White Paper also mentions development of separate oral health strategy.

July 1992

"THE HEALTH OF THE NATION"
BACKGROUND NOTE

The "Health of the Nation" White Paper was published in July 1992 following a Green Paper in June 1991. Over 2,100 organisations and individuals had responded to the Green Paper's proposals for a health strategy and over 90% supported it.

The aim of the strategy is to reduce illness and premature death, leading to longer and healthier lives. It emphasises *health* and preventing illness rather than treating ill-health. Scotland and Wales have comparable initiatives.

Key elements are:

- Five "Key Areas" (national priorities) selected for their public importance, medical feasibility and the ability to set measurable targets. Further Key Areas will also be developed.

- Measurable targets for reducing ill-health, death and risk factors, enabling progress to be monitored. They are challenging but achievable and are not just continuations of current trends. Most target dates are the year 2000.

- Identifying responsibility for health as resting not only with the NHS and Government. There are roles for local authorities, employers, voluntary organisations, media, etc and individuals. The health sector needs to work with others in "healthy alliances" to improve health.

- Implementation and future development of the strategy will be overseen by a Ministerial Cabinet Committee.

The first Key Areas are:

Coronary Heart Disease and Stroke England's biggest cause of premature death. Targets include reducing premature death by ≥40% by 2000, and also for fewer smokers, healthier diets and lower blood pressure.

Cancers England's second biggest killer. Targets relate to breast, cervical, lung and skin cancers, and include reductions of lung cancer deaths in under 75s of ≥30% in men and women of ≥15%.

SUMMARY FACT SHEET NO:

Mental Illness General targets to reduce mental ill-health, and specific target to reduce suicides by ≥15% by 2000.

HIV/AIDS and sexual health Targets are for lower incidence of gonorrhoea (an indicator of risky sexual behaviour for STDs and HIV); fewer drug misusers sharing needles (risky behaviour for HIV); halved conception rates in under 16s.

Accidents Commonest cause of death in the under 30s. Targets for 2005 of fewer deaths from accidents, focusing on young people and the elderly.

Areas not selected as Key Areas will still be important. They mainly fall into two groups: ones where initiatives have already been successfully developed (eg 90% take-up of immunisations), and ones where further work is needed to develop targets (eg back pain).

The role of the NHS will include health promotion, "healthy alliances" in local communities and setting examples as an employer.

BULL POINTS

- The first time England has had a strategy for health

- Promotion of health and prevention of illness will lead to longer, healthier lives

- Everyone has a role in improving the nation's health

DEFENSIVE POINTS

- Resources - the strategy will allow the most effective use of the available resources.

- "Inequalities" or variations in health between occupational, regional, ethnic and other groups are acknowledged. Action at local level specifically to identify and address variations.

- Areas not selected as Key Areas may be added later if knowledge improves or success leads to a decline in priority of existing Key Areas. If everything was a priority at the same time there would be no priorities.

H

EALTH OF THE NATION

BREAST AND CERVICAL CANCER

BREAST CANCER TARGET - To reduce the death rate for breast cancer in the population invited for screening by at least 25% by the year 2000 (from 95.1% per 100,000 population in 1990 to no more than 71.3% per 100,000)

The NHS Breast Cancer Screening Programme will continue invite all eligible women (aged between 50-64) by computerised call/recall, for mammographic screening at 3 yearly intervals.

CERVICAL CANCER TARGET - To reduce the incidence of invasive cervical cancer by at least 20% by the year 2000 (from 15 per 100,000 population in 1986 to no more than 12 per 100,000).

The NHS Cervical Cancer Screening Programme will continue to invite by computerised call/recall all eligible women (aged between 20-64) for a cervical smear test <u>at least</u> every 5 years.

The NHS ME, by way of the Performance Management Directorate are working with Regions through regional reviews to ensure that the targets set out in Health of The Nation are taken forward. Regions are also working to ensure that non-responders to invitations for screening are brought into both programmes and continuing efforts are being made to update FHSA registers to ensure that invitations are issued to current addresses.

As a direct result of Health of The Nation, the Department is in the process of producing a handbook on cancer (covering breast, cervical, lung and skin cancers) which will offer practical advice for managers and professionals on the longer term implementation of the White Paper.

CERVICAL CANCER SCREENING

1. Introduction

The Governments cervical screening programme forms an important part of its strategy to promote womens health. The objective is to reduce mortality from cervical cancer by regularly screening all women at risk in order to identify and treat conditions that might otherwise develop into cancer. There has been a "mass screening" programme in this country since 1966. Improvements are being made to increase the effectiveness of District Health Authorities' cervical cancer screening services. The main elements are:

- all health authorities in England have now implemented computerised call and recall systems. We are the first country within the European Community to have a comprehensive cervical cancer screening service based on computerised call and recall;
- all women aged 20 to 64 to be invited for screening by March 1993;
- women to be recalled at least every five years;
- action to increase take-up, particularly among women aged 35 and over (this should take precedence over reducing the screening interval);
- laboratories to report results within one month;
- improved arrangements to ensure quality in taking and in examining smears;
- fail safe mechanisms to ensure all abnormal smears are followed up;
- adequate facilities for the prompt investigation, treatment and follow-up of women whose smears show this is necessary;
- strengthening of arrangements for management and monitoring of the programme (the Department has awarded funding to support the work of the National Co-ordinating Network of the Cervical Screening Programme).

Consolidated and revised guidance to Health Authorities and Family Health Services Authorities on cervical cancer screening services was issued in January 1988. Copies of an Inter-Collegiate Working Party Report on Cervical Cytology Screening, continuing detailed guidance on clinical aspects, were enclosed.

Deaths from cervical cancer in England and Wales fell by 15 per cent between 1979 and 1990 to 1,781 deaths per annum. Overseas evidence shows that an effective five-yearly programme could reduce deaths among women screened by over 80 per cent. The improvements outlined above are expected to increase significantly the effectiveness and coverage of the cervical cancer screening programme and to reduce further the death rate.

2. Resources

It is for each health authority to decide on the use of the resources allocated to it in accordance with the Government's overall priorities. The Government is continuing with its initiative to reduce waiting times backed by a fund of £33 million in 1990/91, and some of this money is being used to improve diagnostic and treatment services for women with abnormal smears. In June 1990 the then Minister for Health, Mrs Virginia Bottomley, announced that the Department was awarding the National Co-ordinating Network £95,000 for each of the financial years 1990/91 - 1992/3 to support the work of the programme. This amount was increased to £101,000 in 1991/92.

3. Age-group screened

Every woman aged 20 to 64 is to be invited for screening within five years of the implementation of call and recall systems, unless her GP has indicated that she need not be. To encourage GPs to achieve higher levels of coverage for cervical screening bonus target payments for achieving specified levels of cover have been introduced. Doctors receive payments when 50% and 80% of eligible women registered with their practice have had a cervical smear in the last 5.5 years. Women aged 65 and over who have not had two consecutive negative smears in the last ten years should also be screened.

4. Frequency of screening

Women should be recalled for screening at least every five years. Increasing the proportion of women being screened regularly should take precedence over increasing the frequency of screening. However, if any woman patient presents with gynaecological symptoms or has any reason to believe something is wring, she can be referred for further investigation outside the screening programme. The recommended recall interval will be kept under review.

5. Screening in the workplace etc

The provision of screening facilities in non - NHS locations, such as the workplace and in mobile units, can facilitate the screening of women who have not responded to call or recall invitations. Smears should not be taken from women who have already been tested within the local recall period.

6. Research

The latest medical and scientific developments in cervical cancer screening are kept under review. The effectiveness of the programme is monitored and assessed by the Department of Health Cancer Screening Evaluation Unit at the Institute of Cancer Research. The Department also funds a number of related research projects at other units.

April 1992

BREAST CANCER SCREENING

1. Britain was the first country within the EC and one of the first in the world to launch a nationwide breast cancer screening programme based on computerised call and recall. It is an entirely new service.

2. Our computerised call and recall invites women aged between 50-64 to be screened by mammography every 3 years; screening for older women will be available on request.

3. Regular screening for women in this age group should eventually reduce their deaths from breast cancer by between 20 to 30 per cent.

4. Screening has not been shown to reduce death rates in women under 50 and is not recommended - research to assess the effect of screening a younger population is currently underway.

5. The programme was implemented over 3 years to allow time to train staff and to provide back-up facilities for diagnosis, treatment, counselling and aftercare.

6. The service is now operational throughout England, all eligible women should have received their first screening invitation by 1993 (1994 in Scotland).

7. The 82 screening units will provide the screening service in England and mobile units will be used in certain areas.

Research

The UK Health Departments, together with the Medical Research Council and two major cancer research charities, are currently funding four studies into breast cancer screening costing some £5 million over 5 years. These will examine:

a. the impact on mortality from breast cancer of starting to screen women annually from the age of 40;

b. the effects of screening more frequently than every 3 years in women aged 50 and over;

c. the effect of taking 2 X-ray views of each breast of women screened (rather than one of each breast as at present);and

d. alternative methods of treating some of the very small cancers detected on screening.

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SKIN CANCER:

Background

The rising number of cases of skin cancer (non-melanotic cancer and the rarer malignant melanoma) over recent years is viewed with concern by the Government. On the latest available information there are about 28,000 cases of skin cancer a year and about 1,500 deaths.The main risk factor which is believed to account for the increase in incidence is the increased extent to which people expose themselves to ultraviolet radiation (UV), primarily sunlight.

As announced at the launch of the White Paper, "The Health of the Nation" the Department is committed to halting the year-on-year increase in the incidence of skin cancer by the year 2005. The Health Departments' strategy for combating the rising incidence of skin cancer has recently been endorsed by the independent Committee on Medical Aspects of Radiation in the Environment (COMARE). In addition, the Chief Medical Officers have already issued an Information Note on UV to Health Professionals, which reiterates existing public health advice on health risks.

The Health Departments' strategy

The main features of the Health Departments' proposed strategy are:

-encouragement to health authorities to mount local skin cancer campaigns with a view to increasing awareness of risk and sun avoidance methods;

-a national public health campaign on skin cancer undertaken in partnership with the Health Education Authority;

- uniformity of standards for sunscreen protection and sunglasses;

- a review of the information available to users of suntanning equipment;

- a review of training for medical practitioners on skin cancer;

-a review of research currently underway and planned.

UV and ozone depletion.

The increased incidence of skin cancer is considered to be attributable to exposure to existing levels of UV. Furthermore, stratospheric ozone levels are just one of the factors influencing the amount of UV reaching the ground. Seasonal variations in solar UV levels and short term variations due to cloud cover and local weather conditions are far in excess of any variations anticipated as a result of ozone depletion. Moreover, the position is complicated further by variability in people's behaviour in relation to exposure to sunlight. Any estimates of increases in skin cancer based solely on an estimate of ozone depletion would therefore be misleading.

The National Radiological Protection Board (NRPB) regularly monitor UV levels. No increase in UV levels has been detected beyond the seasonal norms. NRPB has also set up an advisory group to consider the evidence for adverse health effects of non-ionising radiation including UV. It will advise on further research needs.

File

K H CREIGHTON. AA

10 DOWNING STREET

LONDON SW1A 2AA

From the Private Secretary

13 October 1992

EUROPEAN CANCER EXPERTS COMMITTEE

Your Secretary of State will be accompanying the EC Committee of cancer experts to meet the Prime Minister at 1630 on Thursday, 22 October.

I should be grateful if you would provide some briefing for the meeting. The briefing should include a description of the format for the meeting, the points the cancer experts are likely to raise and the points the Prime Minister and your Secretary of State might make. Needless to say, we will need a robust line on tobacco advertising. In addition, I should be grateful for some background information on the Committee.

It would be helpful if the briefing could reach me by close on Monday, 19 October.

MARK ADAMS

Robert Creighton, Esq.,
Department of Health.

5/3

UNIVERSITY OF CAMBRIDGE SCHOOL OF CLINICAL MEDICINE

HEAD OF DEPARTMENT

NORMAN BLEEHEN
Cancer Research Campaign Professor of
Clinical Oncology, Honorary Director MRC
Clinical Oncology and Radiotherapeutics Unit

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CP

NMB/AM
2 March 1992

The Right Honourable John Major MP
10 Downing Street
London
SW1A 2RT

GR
We have DM material on this. I think PM has already accepted in principle. The link

Dear Prime Minister,

Since January 1986, a Committee of Cancer Experts from each Member State has been advising the European Commission on the formulation and implementation of the "Europe Against Cancer" programme, which had been the subject of agreement in principle by the Heads of States and Government at the Milan Summit of 28 and 29 June 1985. The current action plan, covering the period 1990-94, was adopted by the Council and representatives of Member States on 17 May 1990, and provides, among other things, for the continuing dissemination of the experts' advice to the public on cancer prevention. This is in the form of a Code, or "Ten Commandments", a copy of which was presented to the Heads of State and Government at the Copenhagen Summit of 5 December 1987.

The experts have so far met 15 times in the various Member States and are due to meet in Lisbon on 6 and 7 April and in London on 22 and 23 October 1992. On each occasion, including that of their last meeting in London on 25 and 26 May 1989, they have been graciously received by the Head of State or the Prime Minister. I am, therefore, writing now to ask if you would be kind enough to consider receiving the committee at their next London meeting.

I should naturally be happy to provide more information on the "Europe Against Cancer" programme should you so wish. The work so far has involved many individuals and organisations in the United Kingdom, including health authorities, charities and the Medical Research Council, as well as Government.

Yours sincerely

Norman Bleehen

Norman M Bleehen
UK Member, Committee of Cancer Experts

 10 February

* Request from Chrissie Maher, Director of the Plain English Campaign (PEC) to present the awards in September to winners of their proposed Inside Write Competition.
Notes and recommendations: The competition is for documents intended for use within the Civil Service (i.e. not for the public). Over the years PEC have encouraged progress, but have recently claimed credit for departments' achievements in order to boost their own commercial consultancy activities. Cabinet Office advise that you should not endorse these. Decline?

M.A.

* Request from Nick Perry of Perry Publications to be the Guest of Honour at the 1992 Business Traveller Awards luncheon in the latter part of September or the first half of October at the Savoy.
Notes and recommendations: The awards are made on the outcome of a poll of readers of this specialist magazine aimed primarily at the air traveller, on all aspects of business travel. Malcolm Rifkind attended last year's lunch. No compelling reason to accept, and it does require a speech, which, in the same sort of timing as Party Conference, might be best avoided. Decline?

SP

* Request from Department of Health to meet the European Cancer Experts Committee for approximately 1 hour during their proposed visit to London in week of 19 October.
Notes and recommendations: As President of EC, UK has first refusal on playing host to autumn meeting of European Cancer Experts Committee. This was set up in 1986 to advise the European Commission on "Europe against Cancer" programme, which aims to reduce cancer mortality by 15 per cent by year 2000. Experts meet twice yearly and are invariably received by Heads of State. Last in London in 1987, and received by Mrs. Thatcher, during European Year on Information on Cancer which she had launched. Accept?

M.A.

FILE AA

cc FCO
DES
DEM
MOS/DH
PUS/DH

10 DOWNING STREET
LONDON SW1A 2AA

From the Private Secretary

20 February 1992

Dear Paul,

EUROPEAN CANCER EXPERTS COMMITTEE

You wrote on 30 January to suggest that your Secretary of State was considering inviting the Committee to meet in London in October. You suggested that the Committee is usually received by Heads of Government as well as Ministers of Health, and wondered if the Prime Minister might be able to receive them.

The Prime Minister is content to undertake this. October is, of course, a busy month for the Prime Minister. I would suggest that your diary secretary discusses possible dates with Sandra Phillips.

I am copying this to the recipients of your letter.

Yours

Mark

(MARK ADAMS)

Paul Ahearn Esq.,
Department of Health.

KK

FILE

A/H/Ahearn

10 DOWNING STREET
LONDON SW1A 2AA

From the Private Secretary

31 January 1992

(1) on tape

Thank you for your letter of 30 January, concerning the possible meeting in London of the European Cancer Experts Committee.

The Prime Minister would certainly be willing to consider this invitation, and will be doing so shortly. In the meantime, if you need to know the Prime Minister's intentions before your Secretary of State issues the invitation, I would advise you to wait a while.

(MARK ADAMS)

Paul Ahearn, Esq.,
Department of Health.

AA

Richmond House
79 Whitehall
London SW1A 2NS
Telephone 071 210 3000
From the Secretary of State for Health

Mark Adams
Private Secretary
10 Downing Street
LONDON
SW1A

30th January 1992

Dear Mark

EUROPEAN CANCER EXPERTS COMMITTEE

My Secretary of State is considering inviting the European Cancer Experts Committee to meet in London next October. As the UK holds the Council Presidency then we have first refusal on playing host. It would be helpful to have your views beforehand on this proposal and the possible involvement of the Prime Minister should it take place.

The Committee was set up in 1986 to advise the Commission on the "Europe Against Cancer" programme, the aim of which is to reduce expected cancer mortality by 15% by the year 2000, by pooling experience in the fields of prevention, education, training, research and treatment. The experts normally meet twice a year in different Member States and are invariably received by Heads of State as well as Ministers of Health. Mrs Thatcher received them at No 10 when they last met there, on 25 and 26 May 1989, during the "European Year of Information on Cancer" which she had personally launched in the UK on 25 January.

The Committee would normally meet in October. I gather that for 1992 the Commission favours the week commencing 19 October, and we should need to avoid the week commencing 12 October, which is "European Week of Information on Cancer". I should therefore be most grateful if you could let me know whether the Prime Minister

would in principle be willing to meet the Committee, and, if so, what days would be most convenient. On past form, this should not require more than one hour of his time.

I enclose a draft invitation to the Commission and I am copying this to Richard Gozney (FCO), Christina Bienkowska (DES), Martyn Waring (DEM) and the private secretaries to the other Health Ministers.

PAUL AHEARN
Private Secretary

Euko Pol: Cancer Experts. Fev 89.

Dott informed agrmt date + time p.a. 5/7

10 DOWNING STREET

Yes

Mark

I have penciled in a call at 1630 on Thursday 22 October. There is no suggestion in the papers that PM should ~~attend~~ Hor offer more than that. OK to go ahead on it?

(Not sure what action was taken on Cambridge University letter) 5/7

1989
EUROPEAN YEAR OF CANCER INFORMATION

EUROPE AGAINST CANCER

Europe Against Cancer

All those active in the fight against cancer — organisations against cancer, associations for smoking prevention, general practitioners, health and education ministers, European institutions — have joined forces in the programme "Europe against cancer". Their common goal: 15% reduction in cancer mortality by the year 2000.

The programme was launched by the Heads of state and government of the 12 Member States of the European Community. It covers four areas:

CANCER PREVENTION, with a wide range of measures to prevent smoking, to improve eating habits, and to control occupational cancers. In these three areas the European Community is going to harmonise its national legislations to the standard of the most advanced Member States, before 1992.

RESEARCH, with European financial support for teams who collaborate to develop or test new cancer treatments or to do basic research to discover the multiple causes of the disease.

TRAINING, to enable health personnel in less advanced countries to learn about the techniques of systematic screening, early diagnosis and cancer treatments from colleagues in countries with more experience.

INFORMATION AND HEALTH EDUCATION, to teach the public, including children at school, the adequate prevention reflexes. The committee of cancer experts which helps the European Commission in setting up, adapting and carrying out the programme has developed ten simple rules:

This "European Code against Cancer" will be widely distributed in 1989, the "European Year on Cancer Information".

For more information on the programme "Europe against cancer", write or call the anti-cancer associations, the Minister of Health or the Information Office of the European Commission in your country.

Cancer in the European Community – some figures

One out of four Europeans

will get cancer once in their lifetime. If nothing is done, it will be one out of three in the year 2000.

Cancer deaths in 1985:

761,000. In 1982 this figure was 730,000 including 115,000 cases of lung cancer in men and 52,000 cases of breast cancer in women.

Budget

for the first three years of the programme (1987-1989):
18 million ECU for prevention, training and health education;
11 million ECU for the coordination of medical research.

CONTENTS OF PRESS PACK

1. Agenda

2. Europe Against Cancer 1989
   - A European Year of Information on Cancer

3. UK Plans for EEC Europe Against Cancer Year 1989
   - General Activities Throughout 1989

4. Main Contributions of the European Community in 1989

5. Speakers' Biographies

6. The European 10 Point Code

7. Cancer Education Co-ordinating Group
   - Membership List and Regional Directory of Services

8. Cancer Statistics - Cancer Research Campaign

EUROPE AGAINST CANCER 1989

AGENDA

QUEEN ELIZABETH II CONFERENCE CENTRE, LONDON
JANUARY 25 1989

- Welcome address - John Drew, Head of European Commission's UK office

- Honoured Guest, the Right Honourable Margaret Thatcher FRS MP

- Professor Norman Bleehan, Professor of Clinical Oncology at Cambridge University and UK representative on the European Committee of Cancer Specialists

- Michel Richonnier - European Commission's Co-ordinator, Europe Against Cancer Programme

- Sir David Innes-Williams - Chairman of Council, Imperial Cancer Research Fund and Chairman of the UK Steering Group for the Europe Against Cancer Committee

- Michael Wood - Director of the Ulster Cancer Foundation and Honorary Secretary of the Cancer Education Co-ordination Group (CEGG)

- Questions and Answers

- Video Presentation

- Close

EUROPE AGAINST CANCER

JANUARY 25 1989

'EUROPE AGAINST CANCER 1989' LAUNCHED

- A European Year of Information On Cancer

Europe Against Cancer 1989 was officially launched in the UK today (Wednesday, January 25, 1989) by the Prime Minister, the Right Honourable Margaret Thatcher FRS MP. Also present at the launch was the Minister for Health, David Mellor and the Co-ordinator for the Europe Against Cancer programme, Mr Michel Richonnier.

This year highlights the need for information on cancer. At the launch a full programme of events was announced, which will take place on both a national and pan-European level over the coming twelve months.

These activities will be geared towards informing and educating the general public about all aspects of cancer; how it can be prevented, dealt with and cured. "The central message of the campaign is that cancer need no longer be a fatal disease. A large number of cancers can be avoided and still more can be cured if they are detected early enough", said Mr Michel Richonnier, speaking at the launch today.

Professor Norman Bleehan, the UK representative on the European Committee of Cancer specialists, outlined the incidence of different types of cancers in the UK. He indicated areas where the numbers of deaths from cancer could be greatly reduced if people were better informed.

This "information campaign" forms part of the Europe Against Cancer Programme, launched in 1985 by the Heads of State and of Government of the 12 member states of the European Community.

For further information:

Europe Against Cancer
Publicis PR
67 Brompton Road
London SW3 1EF
Telephone: 01-823 9000
Fax: 01-823 8389

EC London Information Office
Jean Monnet House
8 Storey's Gate
London SW1P 3AT
Telephone: 01-222 8122
Fax: 01-222 0900

The cornerstone of the campaign is a 'European 10 Point Code' of preventative measures which was drawn up by a committee of European Cancer Specialists. According to this committee, if the "10 Commandments" of this Code were adhered to it could lead to a reduction in the death rate caused by cancer of up to 15% by the year 2000.

All member states have drawn up a full programme of activities for 1989. A number of these have been initiated by the European Commission. These include:

- adoption of community laws to help improve the awareness of Europeans about the hazards of tobacco smoking in particular

- production and transmission of seven European televison programmes

- European Conferences on various aspects of cancer. (In May, the ninth meeting of the Cancer Experts with a Reception by the Prime Minister will take place in London.)

- distribution/publication of the results of European opinion polls measuring the perception of the European Code among the general public, doctors and teachers

- implementation of mobile exhibitions in every country

- promotion of European Code in conjunction with a major public sporting event in May

- Europe Against Cancer Week, 5-15 October

- ends -

For further information contact:
Arthur Emperatori/Sue O'Sullivan
Publicis PR
67 Brompton Road
London SW3 1EF
Tel: 01 823 9000

EUROPE AGAINST CANCER

UK PLANS FOR EEC 'EUROPE AGAINST CANCER' YEAR 1989

ORGANISED BY MEMBERS OF THE CANCER EDUCATION CO-ORDINATING GROUP

AND OTHER AGENCIES

GENERAL ACTIVITIES THROUGHOUT 1989

DAY/DATE	ACTIVITY/RESOURCE MATERIAL	ORGANISATION
3 Month Pilot Project during 1989	Project to consider the support & information needs of ethnic minority communities and migrant workers affected by cancer	CancerLink NB: Funded by EEC & Dept of Health
Early in 1989	Publicity Pack for all support and self-help groups	CancerLink
Spring 1989	Launch of Scottish Information Service based in Edinburgh	CancerLink
During 1989	Resource Pack for cancer support and self-help groups	CancerLink NB: Application for funding has been to EEC
During 1989	Publication of new booklets on: Understanding Head and Neck Cancers Understanding Cancer of the Thyroid Understanding Cancer of the Larynx Revised Understanding Cancer of the Breast Understanding Cancer of the Kidney Understanding Cancer of the Bladder Understanding Melanoma Understanding Endometrial Cancer Understanding Cancer of the Oesophagus Understanding Cancer of the Pancreas Controlling Pain and other Symptoms Children's Cartoon Booklets (perhaps 4 booklets) Recipe Booklet for Cancer Patients Who Want to Put on Weight Living with Secondary Breast Cancer/Advanced Breast Cancer	BACUP NB. Subject to available funding

DAY/DATE	ACTIVITY/RESOURCE MATERIAL	ORGANISATION
During 1989	(1) To devise means of supporting the extension and development of "Smokebusters" Clubs in Scotland, UK and Europe (2) ASH Scotland will publish a children's leaflet about smoking for 10-13 year olds. The leaflet is intended for use outside school.	Action on Smoking & Health (ASH Scotland)
During 1989	2nd edition of 'About Face' - Cancer Education for Nurses Information Package	Blithe
During 1989	A project on Smoking and Health Risks	Bristol University
During 1989	Follow-up of the EEC Initiative exhibition at the Glasgow Garden Festival	West of Scotland Oncological Organisation
During 1989	Implementation of European Code Against Cancer. Pilot Study for use in European cities. (April to October 1989)	Department of Social Medicine, University of Birmingham
During 1989	(1) Programme of taining designated health personnel to use the teaching kit 'Hopeful Facts About Cancer' in public education programmes (2) Special emphasis to training of designated personnel to use the teaching kit 'Breast Self-Examination: A Habit for Life' and encouraging further districts to launch a three stage BSE teaching/learning programme (3) Developing materials and approaches for people in ethnic minorities, particularly where materials need to be translated into ethnic minority languages, and also in ensuring that presentations of health opportunities are geared to the cultural as well as the language needs of thse minority groups. An obvious focus for this work is breast screening by mammography programme (4) Promoting the inclusion of health promotion and behavioural thinking at the planning stage of screening programmes as outlined in the 1988 Conference 'Setting Up A Mammography Screening Programme'	Regional Oncology Support Service (NWBHA)

DAY/DATE	ACTIVITY/RESOURCE MATERIAL	ORGANISATION
During 1989	Information about cancer & professional education. Promotion & publication of: Newly produced and evaluated teaching materials. New Fact Sheets for the statistical series Facts on Cancer, including basic information on Cancer and Cigarette Smoking. Possibly a new production in the "Finding out about ..." series produced by Hobsons Publishers: "Finding out about cancer". Leaflets and other information made available for media and public on early detection of malignant melanoma and protection against sun. Booklet for professionals. Educational materials on breast screening aimed at GPs and other members of the primary care team. Combining publicity for malignant melanoma Education Programme with the European timetable and emphasis on lifestyle.	Cancer Research Campaign
During 1989	Open Days at Research Centres	Cancer Research Campaign
During 1989	<u>Schools Education:</u> Publication / Launch of: Marie Curie: A teaching pack to help adolescents understand the causes and nature of cancer. Radiation in Medicine: A video and booklet directly relevant to GCSE and A level science courses. Radiation in Medicine: A video and booklet directly relevant to GCSE and A level science courses.	Marie Curie Cancer Care
During 1989	<u>Professional Education</u> Doctors and Nurses Education Cancer Patients and their Families at Home An interactive video and booklet for family doctors and nurses to help them with symptom control and communication	Marie Curie Cancer Care

DAY/DATE	ACTIVITY/RESOURCE MATERIAL	ORGANISATION
During 1989	Public Education Caring for your Relative at Home A VHS video and booklet for relatives looking after a cancer patient at home.	Marie Curie Cancer Care
During 1989	Survey of Needs of Cancer Patients Marie Curie Nursing Service Study A report providing details of a wide ranging survey of cancer petients at home being helped by the Marie Curie Community Nursing service to determine needs, provision and scope for further activity. To be undertaken in conjunction with the DHSS and de Vilbiss Health Care Limited.	Marie Curie Cancer Care
During 1989	Development of a cancer-awareness package for use as a workshop in teacher training.	Cancer Education Co-ordinating Group
During 1989	"Taking Care" of Cancer in Scotland. To inform and educate the public about the incidence of the common cancers in Scotland, the treatment methods available for them and what individuals can do to help prevent cancer.	TAK TENT
During 1989	A campaign to increase public awareness of the nature and availability of cancer screening and treatment, including self-examination; and to allay public fears concerning radiation when used in a controlled, medically necessary way.	Radiotherapy Dept St Mary's Hospital, Portsmouth
During 1989	(1) Link the launch of the Computerised Cervical Screening within the context of Europe Against Cancer Year (2) Play a major role on National No Smoking Day (3) It is hoped to link the launch of the Breast Screening Service to Cancer Week in 1989 (4) Produce a Grampian version of the Health Promotion Plan for Cancer (5) Play a full part in any activities co-ordinated by the Scottish Health Education Group	Grampian Health Board

DAY/DATE	ACTIVITY/RESOURCE MATERIAL	ORGANISATION
During 1989	(1) A special edition of the Journal of the Institution of Health Education to be dedicated to cancer education topics, probably to be published in the middle of the year. Articles should be submitted to the editor, Frank St D Rowntree, 35 Victoria Road, Sheffield, S10 2DJ as soon as possible.	The Institute of Health Education
	(2) Jointly with ROSS, the Institute will be making available papers, articles and items etc, on public education and on cancer for national and local media	

UK PLANS FOR EEC 'EUROPE AGAINST CANCER' YEAR 1989

ORGANISED BY MEMBERS OF THE CANCER EDUCATION CO-ORDINATING GROUP

AND OTHER AGENCIES

JANUARY

DAY/DATE	ACTIVITY/RESOURCE MATERIAL	ORGANISATION
December	Workshop in Northern Ireland on the EEC 'Europe Against Cancer' Year for community physicians and health promotion staff	N Ireland Health Promotion Unit and Ulster Cancer Foundation
3 January	Launch of Telephone 'Helpline' in London	Women's National Cancer Control Campaign
9 January	National No Smoking Day Workshop in N Ireland for campaign organisers	Ulster Cancer Foundation
25 January (provisional)	Launch of 'Europe Against Cancer' Year in London 1) Press releases 2) New CECG Leaflet with List of Members with Services	Publicis / UK Steering Group / CECG
	Also regional launches in Wales, Scotland and N Ireland	Health Promotion Authority for Wales / Tenovus / Scottish Health Education Group N Ireland Health Promotion Units / Ulster Cancer Fndn
January	Distribution to UK health promotion agencies of nutritional literature for regional use.	Health Promotion Authorities for Wales
Throughout January	Letter to 600 volunteers Video screening	Breast Care & Mastectomy Assoc of Great Britain

FEBRUARY

DAY/DATE	ACTIVITY/RESOURCE MATERIAL	ORGANISATION
1 February	District Health Promotion Plan for Cancer: (1) Publication of Guidelines (2) Launch of Development Project for UK health promotion agencies (3) Workshop in Belfast	Cancer Education Co-ordinating Group Ulster Cancer Fndn N Ireland Health Promotion Unit
8 February	Press Conference for National No Smoking Day in March - London and Regions	National No Smoking Committee & Action on Smoking & Health
9 - 14 February	Launch / Publication of 'A Cancer Handbook' for health professionals in N Ireland - A pilot project for UK health promtion agencies	Ulster Cancer Foundation N Ireland Health Promotion Unit
15 - 17 February	Planning Meeting by 37 member organisations of Cancer Education Co-ordinating Group in London	Cancer Education Co-ordinating Group
During February	Launch of 'Smoke Free' Dining Guide in Northern Ireland	Ulster Cancer Foundation
During February	Workshops for training professionals in support of 'Stop Smoking' activities in preparation for National No Smoking Day in Northern Ireland	Ulster Cancer Fndn
During February	Cancer Colloquium	Open University
February - December	'Free-Phone' Cancer Information Service for England and Wales (excluding London) To provide regional publicity for the free telephone lines to BACUP's existing national telephone Cancer Information Service, and in this context to increase public awareness and understanding of cancer and the European Code.	BACUP

FEBRUARY (contd)

DAY/DATE	ACTIVITY/RESOURCE MATERIAL	ORGANISATION
8 February	'Setting Up a Mammography Screening Programme' A repeat of the November 1988 conference which was oversubscribed. (As this notice goes out there are still some vacancies).	Regional Oncology Support Service (NWRHA)
February / March	"The Countdown Calendar" - Distribution of leaflet / dangers of smoking / information of National No Smoking Day on 8 March 1989	National No Smoking Day Committee (NNSD)
February / March	Appointment of first Macmillan Breast Care Nurse Publicity Campaign on issue of support and care for women with breast cancer	Cancer Relief Macmillan Fund
	MARCH	
8 March	National No Smoking Day (United Kingdom wide)	NNSD Committee and individual CECG Member organisations
16 March	Symposium of Five Ages of Women - at Royal College of Obstetricians & Gynaecologists	Women's National Cancer Control Campaign
16 March	Launch of Nurses' Smoking teaching pack in N Ireland - Pilot for UK health promotion agencies	Ulster Cancer Fndn N Ireland Health Promotion Unit
23 March	'All Ireland' Daffodil Day	Ulster Cancer Fndn and Irish Cancer Society
During March	Distribution UK wide of Guidelines on Smoking Cessation for Primary Health Care Team	Ulster Cancer Fndn & N Ireland Health Promotion Unit in conjunction with health promotion agencies in England, Scotland and Wales

MARCH (contd)

DAY/DATE	ACTIVITY/RESOURCE MATERIAL	ORGANISATION
During March	Launch of development programme on primary health care, occupational health care and nurses project for UK health promotion agencies	Ulster Cancer Fndn N Ireland Health Promotion Unit
28 - 30 March	International Cambridge Conference on Breast Cancer Screening, offering radiologists, community physicians and others involved in the provision of screening services, the opportunity to hear form those leading the major European Cancer Screening Programmes	Marie Curie Cancer Care
31 March - 2 April	Conference for Cancer support and self-help groups in Britain	CancerLink
	APRIL	
2 - 8 April	European Workshop for Cancer Education in conjunction with the European Oncology Nursing Society. An invited group will hold discussions to prepare a core curriculum for post basic cancer nursing in Europe	Marie Curie Cancer Care
18 April	Mastectomy Fashion Show in Northern Ireland	Ulster Cancer Fndn
During April	(1) Healthy Shopping Basket Promotion in UK	CECG members
	(2) N Ireland Nutritional Programme Launch by community dieticians	Ulster Cancer Fndn & N Ireland Health Promotion Unit
During April	Press campaign in Scotland on cancer prevention and evaluation for UK health promotion agencies	Scottish Health Education Group
During April	Campaign on Lifestyle featuring Diet	Cancer Education Co-ordinating Group

APRIL (contd)

DAY/DATE	ACTIVITY/RESOURCE MATERIAL	ORGANISATION
12 April	Public & Professional Education Day on 'Breast Cancer - A Story of Progress' Royal Free Hospital, London	Cancerkin
	MAY	
2 May	Silver Luncheon, Hilton Hotel, London	Women's National Cancer Control Campaign
7 - 9 May	EEC Bicycle Rally in London and Brussels	Women's National Cancer Campaign (in association with Tenovus Ulster Cancer Fndn and a Scottish agency
9 May	The Cancerkin Luncheon to be hosted by the Countess Mountbatten of Burma at the Inn on the Park, London	Cancerkin Cancer
During May	Campaign on 'Preparing for holidays'	Cancer Education Co-ordinating Group
11 -12 May	Study Day on Cancer Meeting of 37 member organisations in Cardiff	Cancer Education Co-ordinating Group (organised by Tenovus & Welsh Health Promotion Authority)
During May	'Focus on Cancer' - Smoking Competition - Results announced (N Ireland)	Ulster Cancer Fndn
During May	Commencement of development programmes on cancer education in workplace for UK health promotion agencies	Welsh Health Promotion Authority
During May	A three-day workshop to be held in Manchester on 'Setting Up A Cancer Education Programme Within A Health Promotion Unit'. (Jointly with ROSS and further details from ROSS, Telephone No. 062 434 7721)	The Institute of Health Education

MAY (contd)

DAY/DATE	ACTIVITY/RESOURCE MATERIAL	ORGANISATION
During May	Jointly with the Institute of Health Education a three-day training workshop to be held in Manchester on 'Setting Up A Cancer Education Programme Within A Health Promotion Unit'. Further details from ROSS Tel: 061 434 7721)	Regional Oncology Support Services
During May	Launch of training package and interactive video on palliative medicine for GPs	Cancer Relief Macmillan Fund
During May	Introduction of a Linkline to make the calls to the Cancer Information Service free (except in Greater London)	BACUP
	JUNE	
13 June	Summer Fair at Hurlingham - fundraising and educational	Women's National Cancer Control Campaign
21 June	AGM at House of Commons, London	Women's National Cancer Control Campaign
During June	(1) Health Promotion Programme on 'Taking Care in the Sun' in Northern Ireland (2) Research Project on Self Referral Clinic in Norther Ireland	Ulster Cancer Fndn
June / July	Appointment of First Macmillan Paediatric Nurse and press campaign on specialist support for children with advanced cancer	Cancer Relief Macmillan Fund
	JULY	
During July	Screening Campaign for Women	All Cancer Education Co-ordinating Group members
During July	Conference on 'Regional Breast Screening Update'	Regional Oncology Support Service (NWRHA)

AUGUST

DAY/DATE	ACTIVITY/RESOURCE MATERIAL	ORGANISATION
During August and September	Launch of 'Healthier Workplace Campaign' (covering education and screening, 'smoke-free' policies and health and safety aspects)	All Cancer Co-ordinating Group Members
During August	Launch of materials developed for United Kingdom health promotion agencies	Welsh Health Authority

SEPTEMBER

2 - 3 September	Conference for Cancer Self-Help Groups in Scotland	Cancerlink
21 -22 September	'All Ireland' Conference on Smoking & Health	Ulster Cancer Fndn Irish Cancer Society
During September	Jointly with the Institute of Health Education and the co-operation of the Central Electricity Generating Board, a conference on 'Nuclear Generation of Power: Implications for Health Education'. Further details from ROSS	Regional Oncology Support Service (NWRHA)
During September	As above	The Institute of Health Education
During September	Publication of 'Smokebusters' Club Newsletter in N Ireland	Ulster Cancer Fndn
During September	Publication of the results of a N Ireland wide Survey of 'Smoke Free' Policies throughout all public places and workplaces	Ulster Cancer Fndn
During September	'Smokebusters' Conference for the UK (children and smoking)	Health Education Authority
During September	Evaluation of 'Screening' Helpline	Women's National Cancer Control Campaign

OCTOBER

DAY/DATE	ACTIVITY/RESOURCE MATERIAL	ORGANISATION
9 - 13 October	Press Launch (London) and regional launches for EEC Cancer Week London launch will feature 200 cured cancer patients from all regions of the UK	CECG Members and Publicis PR
During October	A programme to encourage and assist in developing cancer education programmes in the 19 districts of the region	Regional Oncology Support Service (NWRHA)
During Ocotober	Cancer Ball	Women's National Cancer Control Campaign
During October	UK wide concensus conference on EEC Initiatives (based on Lisbon Open University EEC Meeting	Health Education Board
During October	Launch of 'Help is Theirs' Leaflet for cancer patients. Cancer relief Macmillan Fund to produce the million copies of this 'at a glance' directory listing all the national organisations available to provide information, care and support for patients and their families	Cancer Relief Macmillan Fund
During October	Launch of Cancer Education Co-ordinating Group Handbook for Professionals, 'Caring for Cancer Patients'	Cancer Education Co-ordinating Group
During October	Launch of 'Tears and Smiles', the Hospice Handbook by Martyn Lewis - an account of how the hospice directory of all hospice services throughout the UK. Soft back book available in book shops in the Autumn	Cancer Relief Macmillan Fund
During October	Special publication for people living with cancer	CancerLink

NOVEMBER

During November	Follow-up to 'Cancer Week' with cancer education talks and open days etc	All CECG members

DECEMBER

DAY/DATE	ACTIVITY/RESOURCE MATERIAL	ORGANISATION
During December	An interdonominational 'Carol Service' for cancer patients and members of the health care professions in Belfast	Ulster Cancer Fndn
During December	Evaluation of mobile screening programmes	Women's National Cancer Control Campaign

For further information contact:
Arthur Emperatori/Sue O'Sullivan
Publicis PR
67 Brompton Road
London
SW3 1EF

Tel: 01 823 9000

EUROPE AGAINST CANCER

JANUARY 25 1989

MAIN CONTRIBUTIONS OF THE EUROPEAN COMMUNITY
"EUROPEAN YEAR OF INFORMATION ON CANCER"

I. PREPARATORY PHASE (1985-1988)

A) European Council

° May and December 1985, in Milan and Luxembourg: Requests the launch of a "Europe Against Cancer" programme

° December 1986, in London: Designates 1989 as the "European Year of Information on Cancer"

° December 1987, in Copenhagen: Receives officially the "European Code against Cancer" which becomes the cornerstone of the European information and awareness campaign

B) European Commission

° January 1986: Set up a Committee of leading cancer experts to advise it on the elaboration and implementation of the first action plan 1987-1989 of the "Europe Against Cancer" programme

° December 1986: Transmits to the Council of Ministers the action plan and a specific proposal concerning the European Year

For further information:
Europe Against Cancer
Publicis PR
67 Brompton Road
London SW3 1EF
Telephone: 01-823 9000
Fax: 01-823 8389

EC London Information Office
Jean Monnet House
8 Storey's Gate
London SW1P 3AT
Telephone: 01-222 8122
Fax: 01-222 0900

° 1987-1988: Sets up several European networks which are closely associated with the implementation of the action plan and the promotion of the "European Code against Cancer" (Associations and Leagues against cancer; Anti-smoking Organisations; Associations of family doctors; Senior officials in the health education; Medical and scientific producers of the main TV channels; public relations agencies)

° 1-9 May 1988: Organises with the help of the above networks the first "European Week against Cancer" which served as a test for the European Year.

C) European Parliament

February 1988: Adopts a positive opinion on the European Commission's proposal concerning the "European Year of Information on Cancer".

D) Council of Health Ministers

31 May 1988: Adopts the European Commission's proposal and allocates 10 million ecus during 1988-1989 for the preparation and implementation of the "European Year of Information on Cancer".

II. IMPLEMENTATION PHASE (1989)

A) Elaboration and adoption of Community laws

The following two proposals will directly improve the information of European consumers:

° **Harmonization of the labelling of tobacco products,** with clear medical warnings based on the Irish model ("Smoking causes cancer"; "Smoking causes heart disease"; etc...). The Council of Health Ministers should adopt in May 1989 its common position on the European Commission's proposal of January 1988 on which the European Parliament gave a positive opinion in December 1988. The final adoption by the Council should occur in December 1989, after the usual second consultation of the European Parliament.

° **Harmonization of the rules on advertising for tobacco products in newspapers and magazines** based on the Irish and UK models which impose clear medical warnings on each ad. The European Commission's proposal should be ready in February 1989 and the Council of Health Ministers could adopt its common position in December 1989.

Information on cancer and on the European Code will also be promoted through press releases when several other European Commission proposals are discussed in 1989 by the Couincil of Health Ministers which should agree on them before the end of 1989:

° **Prohibition of high tar cigarettes** based on the Spanish and Portuguese models;
° **Prohibition of smoking in public places** based on the Belgian and Spanish models;
° **Protection of children against tobacco** based on the Irish and British models;
° **Second action plan 1990-1994** which will continue and improve on the first one

B) Publication of European survey results, focusing on the European Code against cancer during press conferences to be held in each country.

January 1989	"Europeans and the European Code against Cancer"
March 1989	"Family doctors and the European Code against Cancer"
September 1989	"Teachers and the European Code against Cancer"

C) European information actions taking place in all countries of the European Community.

May 1989: Promotion of the "European Code against Cancer" through popular sporting events to emphasise that certain cancers can be avoided through healthy lifestyles. In several countries, the participaton of former cancer patients will illustrate the last four European commandments and the fact that more cancers will be cured if detected early.

May to December 1989: in all countries of the European Community at least one of the six new Euorpean TV programmes will be broadcast:

- Occupational cancer in Europe (RTBF-Belgium)
- A very European cancer (breast cancer) (YTV-UK)
- How can you treat cancer? (YTV-UK)
- Living with cancer (YTV-UK)
- Cancer cured (ZDF-Germany)
- Tanning not burning (Stratecom and BRT-Belgium)
- Just say no (Youth against Smoking) (Stratecom-Belgium, RTE-Ireland)

9-15 October 1989: "European Week against Cancer" in each country of the European Community. The successful test of 1988 will be renewed and improved on. A Eurovision TV programme should be broadcast in each country.

D) Cofinancing of national actions which introduce a European dimension, notably to promote some or all of the European commandments against cancer among the general public and school children. All the above European networks of partners active in the fight against cancer have been mobilised. It should be mentioned that 25 million ecus would have been necessary to finance the European dimension of all the numerous and excellent projects which to date have been submitted to the European Commission, whereas only 10 million ecus were available. Therefore, several projects are still awaiting funding, some have had to be cancelled and in many cases the national actors have kindly agreed to increase their share of financing to cover almost the total cost of their action in favour of the European Year.

III. EVALUATION PHASE (NOV '89 - JAN 90)

The effectiveness of this European information and awareness campaign will be evaluated regularly and in particular with the help of Eurobarometer surveys.

New surveys will be conducted in April and November 1989 to evaluate the improvement in awareness achieved by each country.

A preliminary evaluation report will be published in December 1989, and the full report in January 1990.

EUROPEAN YEAR OF INFORMATION ON CANCER

Provisional Calendar of European Events
(as of January 1989)

This calendar lists events which involve most or all Member States of the European Community. In addition to these events, the following European TV programmes will be broadcast:

- Occupational cancer in Europe (RTBF-Belgium);ready in April
- A very European cancer (breast cancer) (YTV-UK);ready in August
- How can you treat cancer? (YTV-UK); ready in August
- Living with cancer (YTV-UK); ready in August
- Cancer cured (ZDF-Germany); ready in August
- Tanning not burning (Stratecom and BRT-Belgium) ready in June
- Just say no (Youth against Smoking) (Stratecom-Belgium, RTE-Ireland); ready in June

January 1989 All Capitals	Press Conference to launch the European Year.
January 1989	Associations and Leagues against cancer of the European Code Against Cancer and, in certain cases, the brochure on the Europe Against Cancer Programme to all General Practitioners

December 1988 and **January 1989** All countries	Distribution to the general public, through the regular publications of the Associations and Leagues against cacner and the Organisations against tobacco, of information on the European Code Against Cancer and on the European Year of Information on Cancer.
January 1989 Certain countries	Repeat broadcast of the European TV programmes produced for the 1988 European Week Against Cancer: - Lifestyle and Cancer in Europe - Man and Cancer - Eurojim Against Crab Cancer
24-26 February 1989 Lisbon	European Colloquium "The Prevention of Cancer - Spreading the Message" - directed to professionals in health care and education
March-April 1989 All capitals	Press Conference - Presentation of Eurobarometer survey "Family doctors and the European Code against Cancer"
5-7 April 1989 Viterbo (Rome)	European Conference; "Health Education for Cancer in Schools" through Associations and Leagues against Cancer
May 1989 All countries	Popular sporting events will promote the European code against cancer and its main messages: "certain cancers can be avoided - more cancers can be cured if detected early".

	Some participants will be former cancer patients who have been treated successfully thanks to early detection
11-12 May 1989 Venice	European Conference "The state of the art in cancer prevention and therapy" for 100 medical journalists
25-26 May 1989 London	9th meeting of the Committee of Cancer Experts and Reception by the Prime Minister
May 1989	Council of Health Ministers
May-June 1989 Certain countries	Launch of mobile exhibitions (trains, buses, tents ...) on the European Code Against Cancer and cancer prevention and treatment
September 1989 Brussels	European Conference on telephone helpline on cancer
1st Week October 1989 All capitals	Press Conferences - presentation of Eurobarometer survey "Teachers and the European Code against Cancer" and the launch of the European Week
1st week October 1989 Most countries	Departure of mobile exhibitions on cancer prevention
October 1989 All countries	Publication of special issues of the Associations and Leagues against cancer and the organisations against tobacco on the European Year of Information on Cancer

9-15 October 1989 All EC countries	European Week against Cancer as in May 1988 and Europe-wide television link-up
10-11 October 1989 Copenhagen	10th meeting of the Committee of Cancer Experts - Reception by the Prime Minister
October 1989 Dublin	European Conference on methods of cessation of tobacco addiction
October 1989 Paris	European Conference "Health education about cancer in schools" for teachers and senior officials in education and health (Professor Tubiana)
December 1989 Brussels	Council of Ministers of Health
December 1989 Stockholm	Congress of Nobel Prize winners in cancer-related fields
January 1990 All capitals	Publication of the evaluation report of the European Year of Information on Cancer

Obviously, many other national events including a European dimension will also be organised in 1989.

EUROPE AGAINST CANCER

EUROPE AGAINST CANCER 1989

SPEAKERS' BIOGRAPHICAL DETAILS

Mr John S N Drew

John Drew is Head of the United Kingdom Offices of the Commission of the European Communities.

He has been an Adviser to the House of Lords EEC Scrutiny Committee, Deputy Chairman of the American Chamber of Commerce European Committee and a member of the CBI Europe Committee.

Educated at Oxford, the Fletcher School of Law and Diplomacy and the London Business School, he has written a number of books and articles on Europe.

Professor Norman Bleehan (MA, BSC, BM, BCh, FRCP, FRCR, FACR Hon)

Professor Norman Bleehan is a professor of Clinical Oncology at Cambridge University and the UK representative on the European Committee of Cancer Specialists.

In this latter capacity he was instrumental in the formulation of the Europe Against Cancer Programme and the European 10 Point Code.

At present, Professor Bleehan is also Honorary Director of the Medical Research Council's Clinical Oncology Unit and Director of the Radiotherapeutics Centre, Addenbrookes Hospital, Cambridge.

Published work includes 5 books and over 200 papers.

For further information:

Europe Against Cancer
Publicis PR
67 Brompton Road
London SW3 1EF
Telephone: 01-823 9000
Fax: 01-823 8389

EC London Information Office
Jean Monnet House
8 Storey's Gate
London SW1P 3AT
Telephone: 01-222 8122
Fax: 01-222 0900

Mr Michel Richonnier

Mr Michel Richonnier has been responsible for the co-ordination of the Europe Against Cancer Programme since November 1987.

His professional qualifications include a degree in engineering from I'Ecole Centrale, Paris (1967), a diploma in Political Studies from l'Institut d'Etudes Politiques, Paris (1969) and a doctorate in economics from the University of California (1972).

He has also been a Professor of Economics at the European College in Brussels since 1985.

Sir David Innes-Williams - (MD, MCHIR Cambridge, FRCS)

Sir David Innes-Williams has been Chairman of Council, Imperial Cancer Research Fund since 1982 and is also Chairman of the UK Steering Group for the Europe Against Cancer Committee.

Prior to his involvement with the Imperial Cancer Research Fund he was consultant Urologist at the Hospital for Sick Children, Great Ormond Street.

Mr Michael A Wood (MIHE, MIPR)

Mr Michael Wood has been Director of the Ulster Cancer Foundation & Action on Smoking and Health (N Ireland) for the past eighteen years. He is also Honorary Secretary (and former Chairman) of the Cancer Education Co-ordinating Group of the United Kingdom and Republic of Ireland and a member of the UK Steering Group for the Europe Against Cancer Campaign.

At present he is also Chairman of the International Union Against Cancer Programme in Europe, a member of the UK National No Smoking Day Committee and a member of the World Health Organisation's Expert Committee on Tobacco and Health.

FIRST OF ALL THE PROBLEM . . .

Cancer is a disease that starts with a change in one of the body's many millions of cells. We do not yet know exactly what causes a cell to become cancerous but scientists now believe that most causes are linked with our environments and how we live.

There are many different types of cancer. They have different causes, different symptoms and respond differently to treatment. However, in all cancer, unless action is taken the cancerous cells will grow into the surrounding tissue and spread through the body Many cancer cells die, but some may form secondary cancers. These often affect vital organs and stop them from functioning. So it is important to detect and treat cancer early. For many thousands of cancers treatment can be successful, providing the disease has not spread too widely.

In the United Kingdom and the Republic of Ireland, one in every three people will develop cancer at some time in their lives. Most of these cases will occur in people over the age of 60. But cancer may take decades to develop, and we know that if we are prepared to make certain changes in how we live, we can help to protect ourselves.

Although there is no way of *ensuring* we will not develop cancer, the following ten points sum up the practical advice that is available to help *reduce our risk* of developing certain types.

FIRM GUIDELINES

SMOKING IS THE GREATEST RISK FACTOR OF ALL! – Smokers, stop as quickly as possible!

Cigarette smoking causes a third of all cancer deaths. At least 90% of lung cancers are due to smoking. Smoking also increases the risk of cancer of the mouth, voice-box (larynx), gullet (oesophagus), bladder and some other cancers. The longer a person smokes the more dangerous it becomes, so starting to smoke when young seriously increases the risk to health. The good news is that the risk begins to fall as soon as a smoker stops smoking.

There is now evidence that non-smokers' health can be damaged by constant exposure to smoke from other people's cigarettes (called 'passive smoking'). Chewing or sucking tobacco is not a safe habit – it can lead to cancer of the mouth.

GO EASY ON THE ALCOHOL

Drinking too much alcohol has been linked to about 3% of cancers, particularly those of the mouth, larynx, oesophagus and liver. If heavy drinkers also smoke, the risk becomes even higher.

A sensible limit is two or three pints of beer, (or the equivalent), two or three times a week – less if you are a woman. (One pint of beer is the equivalent of a double measure of spirits or two glasses of wine.)

AVOID BEING OVERWEIGHT

Some cancers are associated with extreme overweight (obesity). Regular exercise and a sensible diet, which includes a good proportion of vegetables and fruit, will help to reduce weight.

TAKE CARE IN THE SUN

Too much sun can cause skin cancer, so remember to protect your skin in the sun, especially during holidays abroad in hot countries. Tan slowly, avoid sunburn and use sun filter creams and lotions – lots and often.

You should take special care if you are fair-haired or have a skin which always burns in the sun or tans little and slowly.

OBSERVE THE HEALTH AND SAFETY REGULATIONS AT WORK

In the workplace, some 40 or so chemicals and processes are known to cause cancer. Many have been banned by law. Others are strictly controlled by regulations drawn up by the Health and Safety Executive. These include asbestos, vinyl chloride, some chemical dye stuffs, some compounds of arsenic, chromium and nickel, some wood dusts, some types of tar and soot, and radiation. If you are in any doubt about health risks at work, see your works doctor or health and safety representative.

GENERAL GUIDELINES

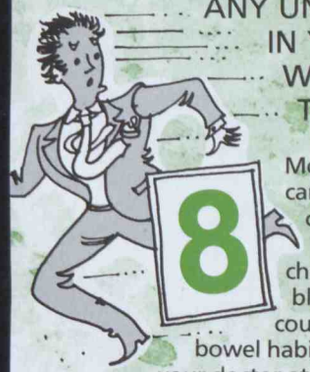
CUT DOWN ON FATTY FOODS

It is known that in Western countries, where people usually eat a lot of meat, butter and other dairy products, there is a higher risk of breast and bowel cancer as well as other diseases, like coronary heart disease. A sensible diet can reduce this risk. Eat lean meat, try fish or chicken instead of red meat. Bake or grill instead of frying. Try skimmed or semi-skimmed milk instead of full-cream milk.

EAT PLENTY OF FRESH FRUIT AND VEGETABLES AND OTHER FOODS CONTAINING FIBRE

There is some evidence that foods rich in carotenoids (pro-vitamin A), vitamin C and fibre may give protection against cancer. Food containing fibre may actually protect against cancer of the bowel. Fibre is found in fresh fruit and vegetables, but mostly in wholegrain cereals and bread. Most fruit and vegetables contain the necessary vitamins and vitamin A is also present in fish. Natural foods are the best way to obtain these vitamins and fibre.

SEE YOUR DOCTOR IF THERE IS ANY UNEXPLAINED CHANGE IN YOUR NORMAL HEALTH WHICH LASTS FOR MORE THAN TWO WEEKS



Most symptoms are unlikely to mean cancer, but it is always worthwhile consulting your doctor if they persist. So if you notice a lump, a change in a skin mole, any unusual bleeding, or develop a persistent cough or hoarseness, a change in bowel habits or unexplained weight loss, see your doctor at once.

ESPECIALLY FOR WOMEN

HAVE A REGULAR CERVICAL SMEAR TEST

The smear test can detect abnormal changes in the cells of the neck of the womb (cervix) *before* cancer has actually developed and when the cure rate is very high. If cervical cancer can be detected and treated at an early stage, it too is curable. So every woman who is, or has been, sexually active should have a smear test every 3-5 years. If you have never had a smear test, or have not had one within the last five years, go to your doctor or family planning clinic and ask for one.

EXAMINE YOUR BREASTS MONTHLY

(Women over the age of 50 should be screened by mammography at regular intervals.)

Many doctors recommend that women should examine their own breasts each month. This should be done carefully, There are leaflets that tell you how. If you do notice any lumps, a dimple or puckering, or other changes, arrange to see your doctor at once. Remember, most lumps are not cancer but it's best to be sure.

The aim of screening is to detect breast cancer at the earliest possible stage. Treatment is then likely to be simpler and offer a better chance of cure.

The NHS is setting up breast screening clinics offering mammography (a type of X-ray which can show up very early changes in breast tissue). Women aged 50-64 will be invited for screening every three years. Any woman outside this age range and concerned about a breast problem, or any woman needing specific information, should seek her doctor's advice.

'EUROPE AGAINST CANCER' Campaign

This leaflet was produced by the Cancer Education Co-ordinating Group of the United Kingdom and Republic of Ireland.

AVOIDING CANCER

C THE EUROPEAN CODE

'Europe against Cancer' is a campaign to encourage people to take action to reduce the number of deaths from cancer by 15%. Countries in the European Community are publicising

a 10 point code

based on current knowledge about prevention and early detection. The code has been approved by the European Community's Committee of Experts. This leaflet, funded by the Community and HEA, contains the ten points from the European Code.

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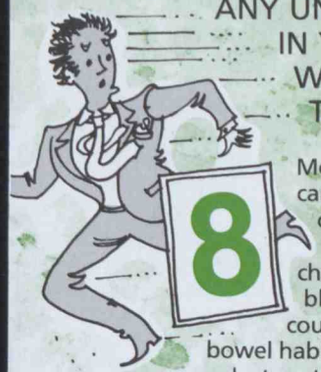

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The Cancer Education Co-ordinating Group of the United Kingdom and the Republic of Ireland was set up in 1982 to promote the co-ordination of public and professional education as to the causes, effects, prevention and recognition of the cancers, and the treatment, care, and rehabilitation of people with these diseases. It now consists of 37 member organisations in the U.K. and Republic of Ireland representing both the voluntary and statutory sector. These members are involved in a wide range of activities to combat the cancer problem and alleviate suffering from the disease. This Directory lists the Head Office of each organisation, telephone number, area covered and services provided, and is published to mark 'European Year Against Cancer' in 1989. The leaflet also lists the European Code Against Cancer. These 10 points sum up the practical advice that is available to help reduce the risk of developing certain types of cancer. The Code has been approved by the European community's committee of cancer experts.

MEMBERS OF THE CANCER EDUCATION CO-ORDINATING GROUP

ALPHABETICAL LIST OF ORGANISATIONS HEAD OFFICE, ADDRESS AND TELEPHONE NUMBER(S)	TYPE OF AGENCY P–Professional Group C–Charity S–Statutory Health Agency E–Univ. Dept.	SERVICES PROVIDED TO PUBLIC CANCER RESEARCH	PROFESSIONAL EDUCATION TRAINING & RESOURCES	PUBLIC CANCER EDUCATION & RESOURCES	SCREENING FACILITIES FOR WOMEN	BREAST SELF EXAMINATION	CANCER TELEPHONE HELPLINE	LITERATURE ABOUT CANCER	BREAST CARE & MASTECTOMY SUPPORT	LARYNGECTOMY CARE & SUPPORT	STOMA CARE & SUPPORT	THROAT PATIENT CARE & SUPPORT	SELF HELP GROUPS	HOME OR SPECIAL NURSING SERVICE	HOSPICE CARE	Area Covered
ENGLAND																
ACTION ON SMOKING & HEALTH 5–11 Mortimer Street, London W1N 7RH 01-637-9843	C				•											UK wide
BACUP 121/123 Charterhouse Street, London EC1M 6AA 01-608-1661 (From May '89 0800 181199)	C				•	•				•						UK wide
BLITHE BMA House, Tavistock Square, London WC1H 9JP 01-388-7976	C		•													UK and International
BRITISH MEDICAL ASSOCIATION Tavistock Square, London WC1H 9JP 01-387-4499	P		•	•	•											UK wide
BREAST CARE AND MASTECTOMY ASSOCIATION 26A Harrison Street, Kings Cross London WC1H 8JG 01-837-0908	C					•	•									GB
CANCER LINK 17 Britannia Street, London WC1X 9JN 01-833-2451	C				•	•				•	•					UK wide
CANCER RELIEF MACMILLAN FUND, Anchor House, 15/19 Britten Street, London SW3 3TZ 01-351-7811	C		•			•		•	•	•		•	•			UK wide
CANCER RESEARCH CAMPAIGN 2 Carlton House Terrace, London SW1Y 5AR 01-930-8972	C	•	•	•			•									UK wide

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C.R.C. PSYCHOSOCIAL ONCOLOGY UNIT Royal Marsden Hospital, Fulham Road, London SW3 6JJ 01-352-8177	S	•	•				•									UK wide
C.R.C. EDUCATION & CHILD STUDIES RESEARCH GROUP Department of Epidemiology and Social Oncology, Kinnaird Road, Manchester M20 9QL 061-434-7721	C	•	•	•			•									UK wide
COLLEGE OF RADIOGRAHPERS, 11 All Saints Lane, Clevedon, Avon	P															UK wide
HEALTH EDUCATION AUTHORITY, Hamilton House, Mabledon Place, London WC1H 9TX 01-631-0930	S		•	•		•		•								England
IMPERIAL CANCER RESEARCH FUND, PO Box 123, Lincoln's Inn Fields London WC2A 3PX 01-242-0200	C	•	•				•									UK wide
INSTITUTE OF HEALTH EDUCATION, c/o 14 High Elms Road, Male Barns, Cheshire	P															UK wide
LEEDS POLYTECHNIC, SCHOOL OF HOSPITALITY, MANAGEMENT & HOME ECONOMICS Calverley Street, Leeds, LS1 3HE 0532-462971	E															Local

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MARIE CURIE MEMORIAL FOUNDATION, (CANCER CARE) 28 Belgrave Square, London SW1X 8QG 01-235-3325	C	•	•	•			•							•	•	UK wide
N.W. REGIONAL CANCER ORGANISATION, N.W.R.H.A., Gateway House, Picadilly South, Manchester M60 7LP 061-236-9456	S	•	•	•	•	•	•									Regional
REGIONAL ONCOLOGY SUPPORT SERVICES, Kinnaird Road, Manchester M20 9QL 061-434-7721	S & E		•	•			•									Regional
ROYAL COLLEGE OF NURSING	P															UK wide
ROYAL COLLEGE OF GENERAL PRACTITIONERS	P															UK wide
ROYAL MARSDON HOSPITAL PATIENT EDUCATION GROUP, Fulham Road, London SW3 6JJ 01-352-8171	S												•	•		Regional
SOCIETY OF HEALTH EDUCATION OFFICERS, c/o Health Education Dept., The Health Centre, Victoria Road, Hartlepool TS26 8DB 0429-221421	P															UK wide
SOUTH EAST THAMES REGIONAL CANCER ORGANISATION c/o Kings College School of Medicine and Dentistry Dept. of Community Medicine Denmark Hill, London SE5 8RX 01-274-6222	P		•	•	•	•	•									Regional

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SOUTH WEST THAMES REGIONAL CANCER ORGANISATION, Royal Marsden Road, Downs Road, Sutton, Surrey SM2 5PT 01-643-8901 Ext. 4284	S		•	•	•			•								Regional
WESSEX CANCER TRUST, Royal South Hants Hospital, Brinton's Terrace, Southampton, SO2 0AJ 0703-229653	C		•	•	•	•		•								Regional
WOMEN'S NATIONAL CANCER CONTROL CAMPAIGN, 1 South Audley Street, London W1Y 5DY 01-499-7532	C			•	•		•	•								GB
YORKSHIRE REGIONAL CANCER ORGANISATION, Cookridge Hospital, Leeds LS16 6QB 0532-673411	S	•	•	•				•								Regional
WALES																
TENOVUS CANCER INFORMATION CENTRE, 142 Whitchurch Road, Cardiff CF4 3NA 0222-619846	C		•	•	•	•		•								Wales
HEALTH PROMOTION AUTHORITY FOR WALES, 8th Floor, Brunel House, 2 Fitzalen Road, Cardiff CF2 1SH 0222-472472	S		•	•		•		•								Wales
SCOTLAND																
ACTION ON SMOKING & HEALTH (SCOTLAND), 6 Castle Street, Edinburgh EH2 3AT 031-225-4725	C					•										Scotland

MEMBERS OF THE CANCER EDUCATION CO-ORDINATING GROUP

ALPHABETICAL LIST OF ORGANISATIONS HEAD OFFICE, ADDRESS AND TELEPHONE NUMBER(S)	TYPE OF AGENCY P–Professional Group C–Charity S–Statutory Health Agency E–Univ. Dept.	SERVICES PROVIDED TO PUBLIC CANCER RESEARCH	PROFESSIONAL EDUCATION TRAINING & RESOURCES	PUBLIC CANCER EDUCATION & RESOURCES	SCREENING FACILITIES FOR WOMEN	SERVICES ABOUT SMOKING	CANCER TELEPHONE "HELPLINE"	CERVIX (INC. HPV) CANCER	BREAST CARE & MASTECTOMY SUPPORT	LARYNGECTOMY CARE & SUPPORT	STOMA CARE & SUPPORT	OTHER PATIENT CARE & SUPPORT	SELF-HELP GROUPS	HOME OR SPECIAL NURSING SERVICE	HOSPICE CARE	Area Covered
GRAMPIAN HEALTH BOARD, Health Education Department, 70 Carden Place, Aberdeen AB1 1UL 0224-639245	S			•		•		•								Regional
SCOTTISH HEALTH EDUCATION GROUP, Health Education Centre, Woodburn House, Canaan Lane, Edinburgh EH10 4SG 031-447-8044	S		•	•		•		•								Scotland
TAK TENT CANCER SUPPORT ORGANISATION, 4th Floor, 'G' Block, Western Infirmary, Glasgow G11 6NT 041-332-3639	C						•	•				•	•			Scotland
WEST OF SCOTLAND CANCER SURVEILLANCE UNIT, Ruchill Hospital, Glasgow G20 9NB 041-946-7120	S	•														Scotland
N. IRELAND																
ULSTER CANCER FOUNDATION, and ACTION ON SMOKING & HEALTH (N.I.) 40–42 Eglantine Avenue, Belfast BT9 6DX 0232-663281-3	C	•	•	•	•	•	•	•	•	•		•				N.I.
N.I. HEALTH PROMOTION UNIT, Room 909, Dundonald House, Upper Newtownards Road, Belfast BT4 35F 0232-650111	S		•	•												N.I.
REPUBLIC OF IRELAND																
IRISH CANCER SOCIETY, 5 Northumberland Road, Dublin 4 0001-681855	C	•	•	•	•	•	•	•	•	•	•	•		•		Eire

CANCER EDUCATION
CO-ORDINATION GROUP
of U.K. and Rep. of Ireland

EUROPEAN CODE AGAINST CANCER

CERTAIN CANCERS MAY BE AVOIDED:

1. **Do not smoke**
   Smokers, stop as quickly as possible and do not smoke in the presence of others.
2. **Moderate your consumption of alcoholic drinks,**
   beers, wines or spirits
3. **Avoid excessive exposure to the sun**
4. **Follow health and safety instructions,**
   especially in the working environment concerning production, handling, or use of any substance which may cause cancer.
5. **Frequently eat fresh fruits and vegetables and cereals with a high fibre content**
6. **Avoid becoming overweight**
   and limit your intake of fatty foods.

MORE CANCERS WILL BE CURED IF DETECTED EARLY

7. **See a doctor if you notice a lump or observe a change in a mole or abnormal bleeding.**
8. **See a doctor if you have persistent problems,**
   such as a persistent cough, a persistent hoarseness, a change in bowel habits or an unexplained weight loss.

   For women:
9. **Have a cervical smear regularly**
10. **Check your breasts regularly**
    and, if possible, undergo mammography at regular intervals above the age of 50.

EUROPE AGAINST CANCER

'Europe against cancer' year 1989

CANCER EDUCATION
CO-ORDINATING GROUP

Membership List
and
Regional Directory of Services

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Cancer Research Campaign

Factsheet **8.1** 1988

Incidence — UK

Latest Statistics

In the United Kingdom during 1984 (the most recent year for which UK incidence* figures are available in 1988) nearly a quarter of a million new cancer patients were registered.

On the basis of current incidence rates, it is estimated that **1 in 3 people will develop cancer at some time during their life**. However, it is important to remember that cancer is mainly a disease of old age with more than 70% of all new cases occurring in people aged 60 years and over as the histogram opposite shows.

A Few Cancers Predominate

Only a few cancers account for more than half of all new cases as illustrated by the piechart. Lung cancer accounts for 17% of all new cases, colon and rectum together for 11%, skin (excluding melanoma) for 10%, breast cancer for 10% and stomach cancer for 5%.

10 Most Common Cancers

The 10 cancers that occur most commonly in each sex are shown in the histogram below.

More Detailed Statistics

More detailed incidence statistics by country and site are given in Table One.

The numbers of new cases for the main male and female cancers are shown for England, Scotland, Wales, Northern Ireland and for the United Kingdom as a whole. The UK incidence rate per million population is given in column 6 and rank order in column 7. The population figures for each country are at the base of the table so that rates may be calculated for each country separately. However, there are difficulties in making comparisons between countries because of differences in completeness of cancer registration and in the age-structure of the populations.

Reliability

Unlike death registration, there is no statutory requirement to register details of cancer patients and the completeness of cancer registration does vary between different regions of the country. All the statistics should be regarded as estimates of the 'true' incidence of cancer.

Footnote:

* Incidence: number of new cancer cases occurring in a given population in a defined period of time.

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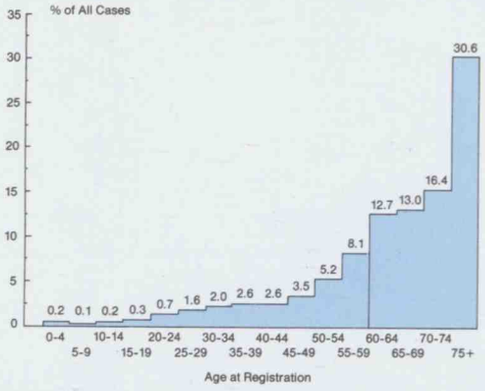
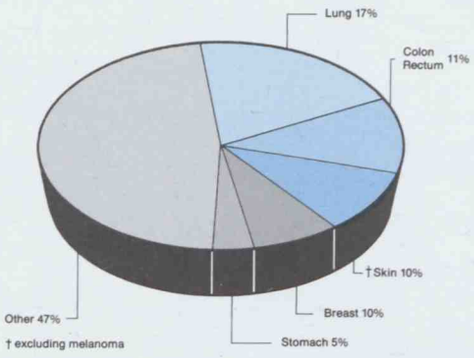
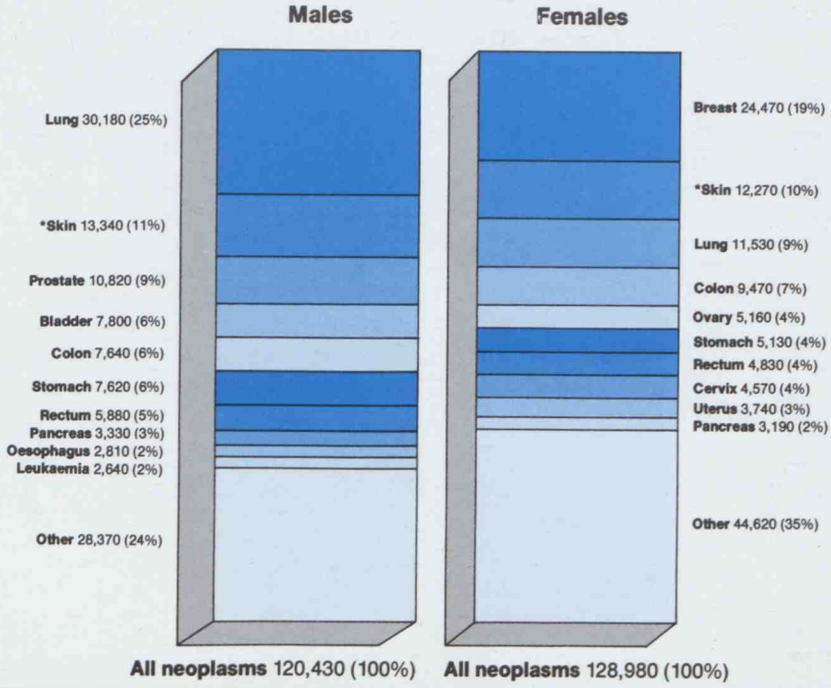
Percentage Age Distribution – England and Wales 1984



Percentage Distribution of Main Cancers – UK 1984



Numbers of New Cases in the UK – 1984



Incidence — UK

TABLE ONE

Incidence: numbers of new cases by site and country: populations by country: rates and rank order by site, UK only, 1984 One (a) Males One (b) Females.

One (a) Males

Site*	Numbers of new cases registered in: England	Scotland	Wales	N. Ireland	UK	*UK Rate per million pop.*	*UK Rank*
All neoplasms	98507	12501	7012	2412	**120432**	*4381*	—
All malignant neoplasms	95788	12167	6536	2398	**116889**	*4252*	—
Bladder	6402	800	484	113	**7799**	*284*	*(4)*
Bone	226	21	44	4	**295**	*11*	*(25)*
Brain	1496	175	113	52	**1836**	*67*	*(13)*
Breast	161	20	20	1	**202**	*7*	*(27)*
Colon	6237	806	411	190	**7644**	*278*	*(5)*
Connective tissue	373	64	38	13	**488**	*18*	*(23)*
Eye	141	23	14	2	**180**	*7*	*(29)*
Gallbladder	429	47	24	11	**511**	*19*	*(22)*
Hodgkin's Disease	639	81	32	30	**782**	*28*	*(18)*
Kidney	1878	263	116	35	**2292**	*83*	*(12)*
Larynx	1375	181	113	43	**1712**	*62*	*(14)*
Leukaemia	2174	256	145	64	**2639**	*96*	*(10)*
Liver	550	108	44	23	**725**	*26*	*(19)*
Lung	24729	3378	1474	600	**30181**	*1098*	*(1)*
Melanoma	697	124	56	14	**891**	*32*	*(17)*
Mouth	434	76	34	12	**556**	*20*	*(21)*
Multiple Myeloma	982	106	69	52	**1209**	*44*	*(15)*
Non-Hodgkin's Lymphoma	2123	281	119	64	**2587**	*94*	*(11)*
Oesophagus	2305	305	132	65	**2807**	*102*	*(9)*
Pancreas	2740	336	186	71	**3333**	*121*	*(8)*
Pharynx	505	60	41	11	**617**	*22*	*(20)*
Pleura	387	76	5	5	**473**	*17*	*(24)*
Prostate	8892	1086	632	212	**10822**	*394*	*(3)*
Rectum	4839	497	430	116	**5882**	*214*	*(7)*
Skin (non-melanoma)	10953	1439	725	223	**13340**	*485*	*(2)*
Small intestine	155	24	14	4	**197**	*7*	*(28)*
Stomach	6285	681	503	155	**7624**	*277*	*(6)*
Testis	857	129	52	19	**1057**	*38*	*(16)*
Thyroid	201	33	8	6	**248**	*9*	*(26)*
Population (in thousands)	**22883.2**	**2483.5**	**1361.0**	**759.6**	**27487.3**		

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* See Appendix: Factsheets 8-10

TABLE ONE Continued

One (b) Females

Site*	Numbers of new cases registered in: England	Scotland	Wales	N. Ireland	UK	*UK Rate per million pop.*	*UK Rank*
All neoplasms	104662	14160	7601	2558	**128981**	*4452*	—
All malignant neoplasms	92414	12489	6765	2411	**114079**	*3937*	—
Bladder	2457	370	162	39	**3028**	*105*	*(11)*
Bone	183	20	51	9	**263**	*9*	*(27)*
Brain	1144	138	91	32	**1405**	*48*	*(16)*
Breast	19883	2560	1480	548	**24471**	*845*	*(1)*
Cervix	3691	448	352	76	**4567**	*158*	*(8)*
Colon	7726	1051	466	227	**9470**	*327*	*(4)*
Connective tissue	339	45	29	16	**429**	*15*	*(23)*
Eye	142	23	15	2	**182**	*6*	*(29)*
Gallbladder	701	101	51	15	**868**	*30*	*(19)*
Hodgkin's Disease	463	75	44	15	**597**	*21*	*(21)*
Kidney	1106	181	61	23	**1371**	*47*	*(17)*
Larynx	282	54	29	9	**374**	*13*	*(25)*
Leukaemia	1853	239	135	62	**2289**	*79*	*(13)*
Liver	371	65	39	24	**499**	*17*	*(22)*
Lung	9306	1451	534	240	**11531**	*398*	*(3)*
Melanoma	1386	223	92	32	**1733**	*60*	*(15)*
Mouth	243	47	23	9	**322**	*11*	*(26)*
Multiple Myeloma	968	149	77	28	**1222**	*42*	*(18)*
Non-Hodgkin's Lymphoma	1870	293	110	55	**2328**	*80*	*(12)*
Oesophagus	1775	260	122	36	**2193**	*76*	*(14)*
Ovary	4213	535	326	86	**5160**	*178*	*(5)*
Pancreas	2583	352	189	70	**3194**	*110*	*(10)*
Pharynx	302	30	33	13	**378**	*13*	*(24)*
Placenta	11	1	0	0	**12**	*0.4*	*(31)*
Pleura	83	14	4	1	**102**	*4*	*(30)*
Rectum	3975	435	333	90	**4833**	*167*	*(7)*
Skin (non-melanoma)	9939	1431	637	263	**12270**	*424*	*(2)*
Small intestine	148	25	10	2	**185**	*6*	*(28)*
Stomach	4106	578	359	90	**5133**	*177*	*(6)*
Thyroid	525	60	28	7	**620**	*21*	*(20)*
Uterus	3109	353	220	59	**3741**	*129*	*(9)*
Population (in thousands)	**24073.2**	**2662.2**	**1446.2**	**790.9**	**28972.5**		

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* See Appendix : Factsheets 8-10

Cancer Research Campaign

Factsheet **9**.1 1988

Survival – England & Wales

Latest Statistics

The most recent and reliable national 5-year survival statistics are for patients first diagnosed in 1981 in England and Wales. All the survival information shown on FACTSHEET 9 is based on their experience. The 5-year relative* rates for the commonest types of cancer are shown on the histogram to the right.

More Detailed Statistics

To extend this information, graphs showing survival for people in different age-groups for the main cancer sites are shown on the next three pages. The 5-year relative rates for "all ages" is also given for each site. To maintain a clear presentation only two or three age-groups have been graphed for each site and the age-groups chosen vary according to the incidence characteristics of each site. Generally but not always survival decreases with age even though the rates are corrected for the probability of dying from causes other than cancer (ie. 'relative' rather than 'crude' rates are used).

As an example, the graph on the right shows the 1 to 5-year relative survival rates for men with rectal cancer aged 35-44, 55-64 and 75-84 years. The rates decrease from 44.4 to 29.3. The "all ages" rate is 36.0. For 'smaller' sites, the 5-year rates only are shown on FACTSHEET 9.4.

The shape of the curves shows the rate at which the different cancers at different ages make their impact. Sometimes mortality is heavy during the first year after diagnosis but then few of those who survive this period subsequently die. For other groups the decrease in survival is more gradual and may stabilise within the first five years.

All the survival rates shown in this FACTSHEET are for people with cancer in all stages of its development. **Survival for people treated when their cancer is at an early stage is invariably better.** Also it should be remembered that the rates indicate the effectiveness of treatment in 1981 and do not reflect any improvements since then.

Summary

As the graphs on FACTSHEET 9 illustrate, there is a very wide variation in the survival rates for different cancers, ranging from virtually a hundred per cent cure for non-melanoma skin cancers to very low survival for pancreatic cancer. This variation is summarised in the table opposite.

Footnote:
* Adjusted for non-cancer deaths.

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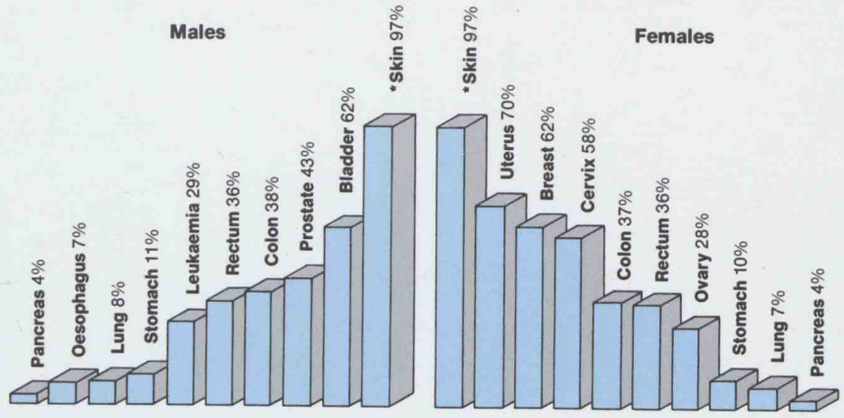
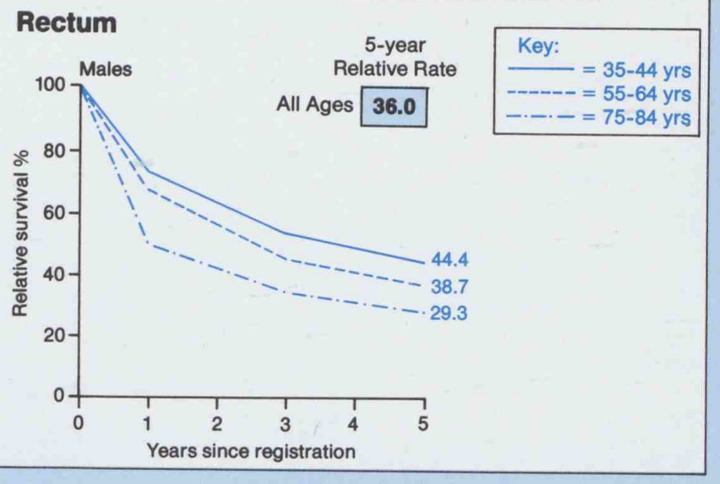
5-Year Relative Survival % – England and Wales 1981



Rectal Cancer – Survival



Summary: % Patients Alive 5 Years After Registration

50% or more

Bladder
Breast
Cervix
Connective tissue
Eye
Hodgkin's Disease
Larynx
Melanoma
Placenta
Skin
Testis
Thyroid
Uterus

10 to 49%

All malignant neoplasms
Bone
Brain
Colon
Kidney
Gallbladder (M)
Leukaemia (all types)
Lymphoid leukaemia
Mouth
Multiple myeloma
Myeloid leukaemia
Non-Hodgkin's lymphoma
Ovary
Pharynx
Prostate
Rectum
Small intestine

Less than 10%

Gallbladder (F)
Liver
Lung
Oesophagus
Pancreas
Pleura
Stomach

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Factsheet **9**.2 1988

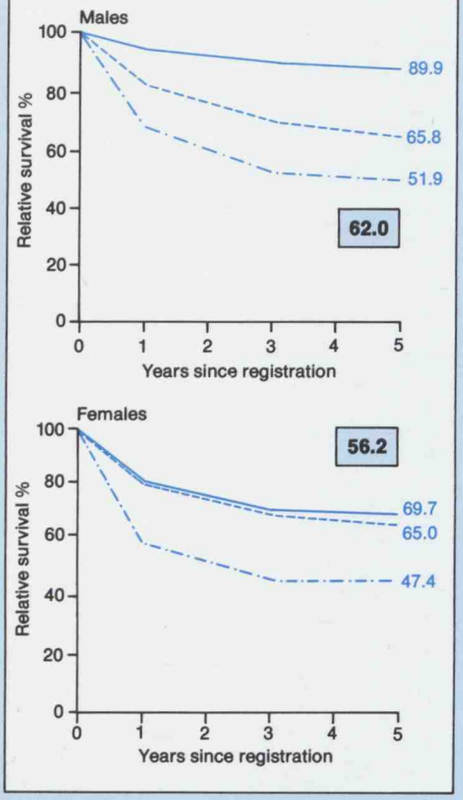
Survival – England & Wales

All Graphs relate to patients diagnosed in 1981.

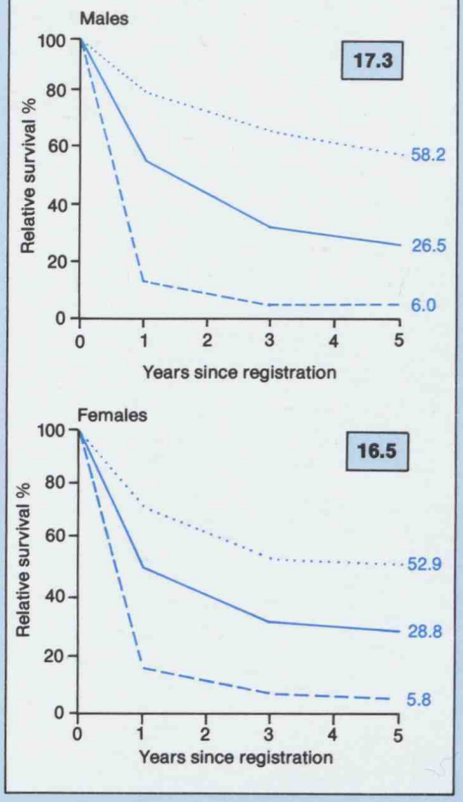
The 5-year relative survival rates for "All Ages" is shown in: ☐

Key: ····· = 5-14 +-+-+-+-+-+-+-+ = 15-24 —x—x—x— = 25-34 ——— = 35-44 - - - - - = 55-64 —·—·—·—·—·— = 75-84

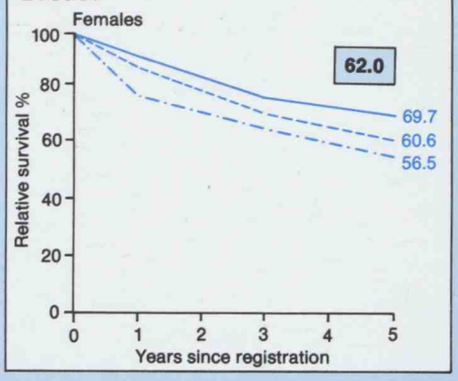
Bladder



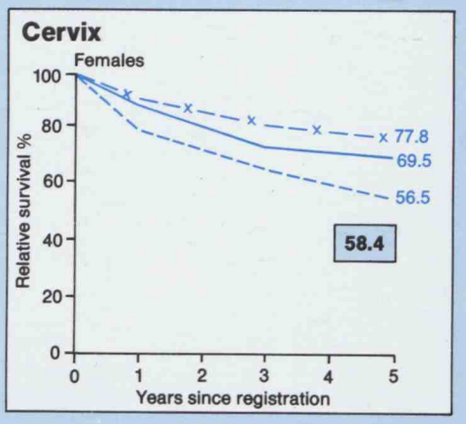
Brain



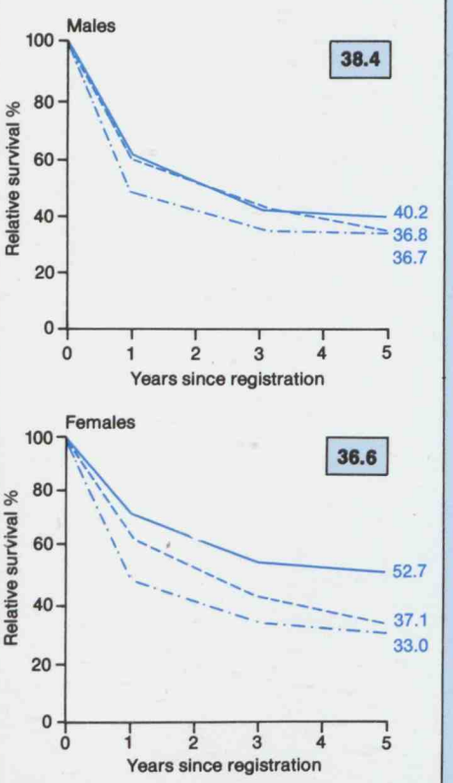
Breast



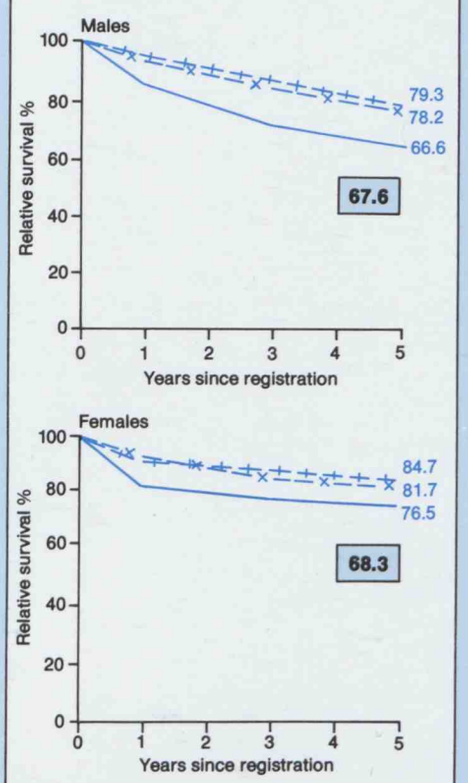
Cervix



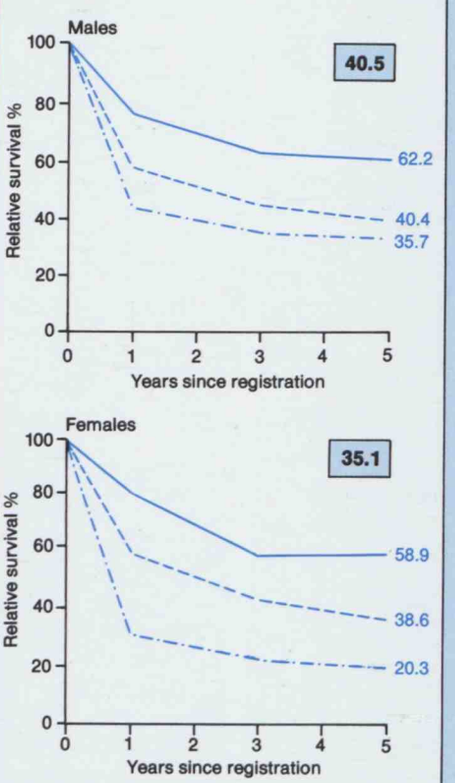
Colon



Hodgkin's Disease



Kidney



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Factsheet **9**.3 1988

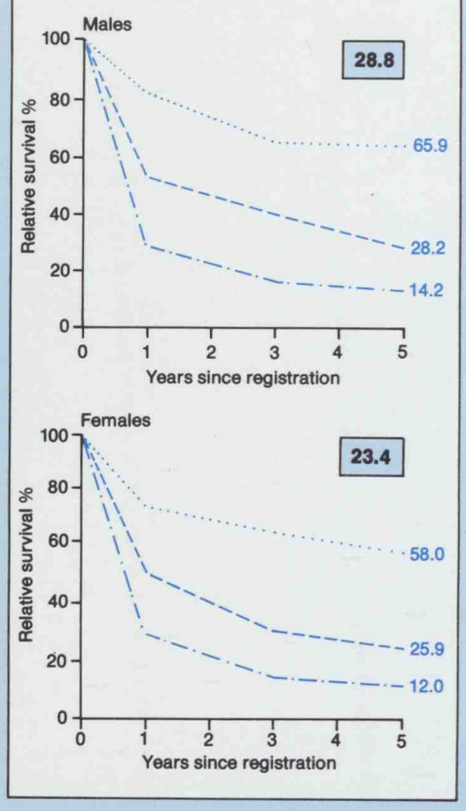
Survival – England & Wales

All Graphs relate to patients diagnosed in 1981.

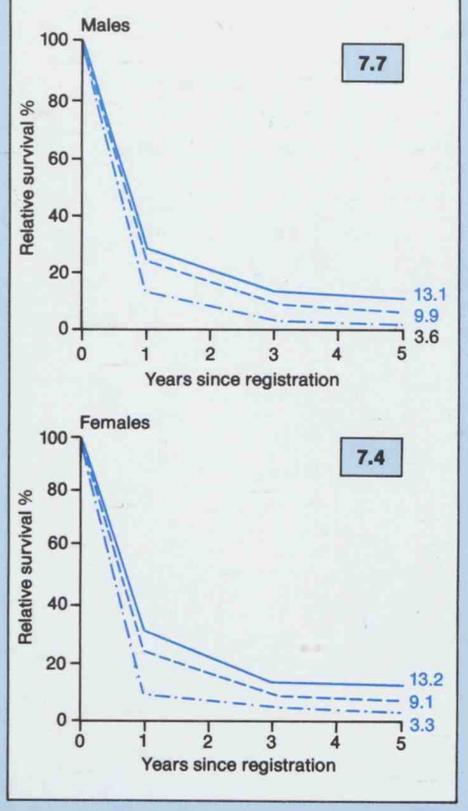
The 5-year relative survival rates for "All Ages" is shown in: □

Key: ····· = 5-14 +-+-+-+-+-+-+ = 15-24 —×—×—×— = 25-34 ——— = 35-44 – – – – – = 55-64 –·–·–·–·–·–·– = 75-84

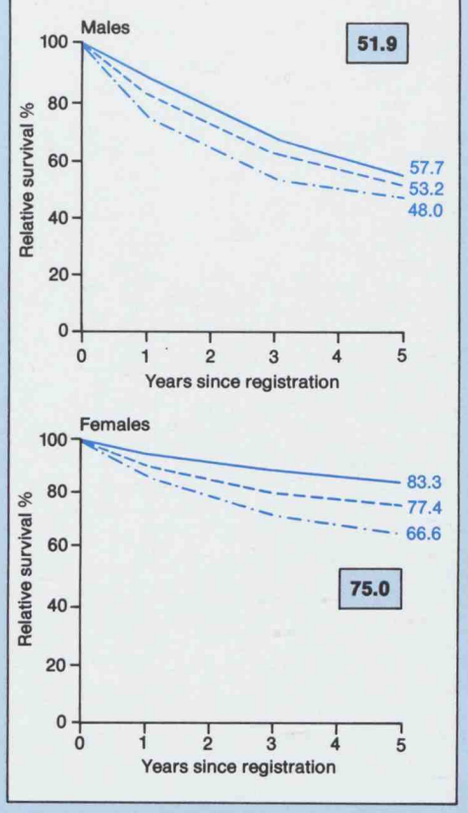
Leukaemia



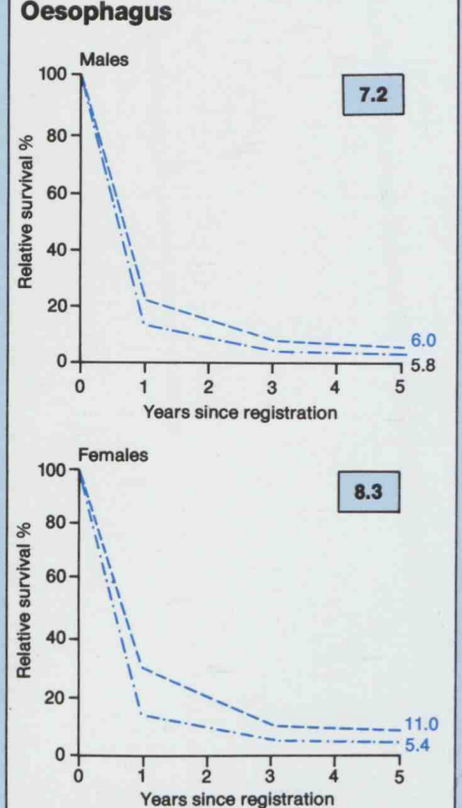
Lung



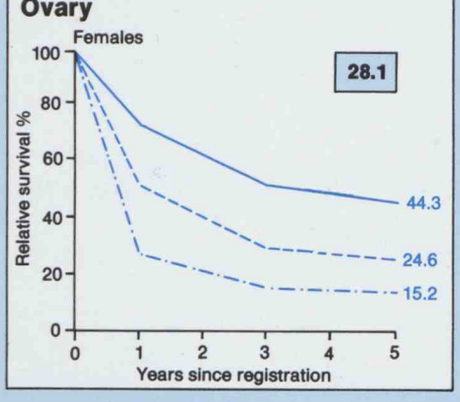
Melanoma



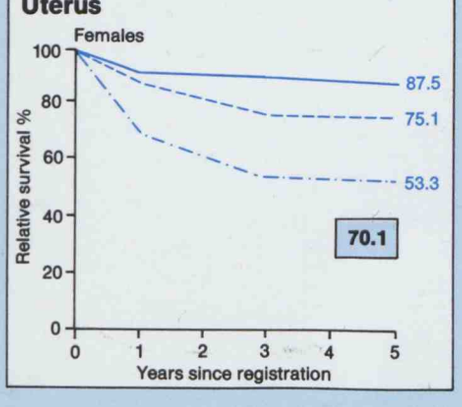
Oesophagus



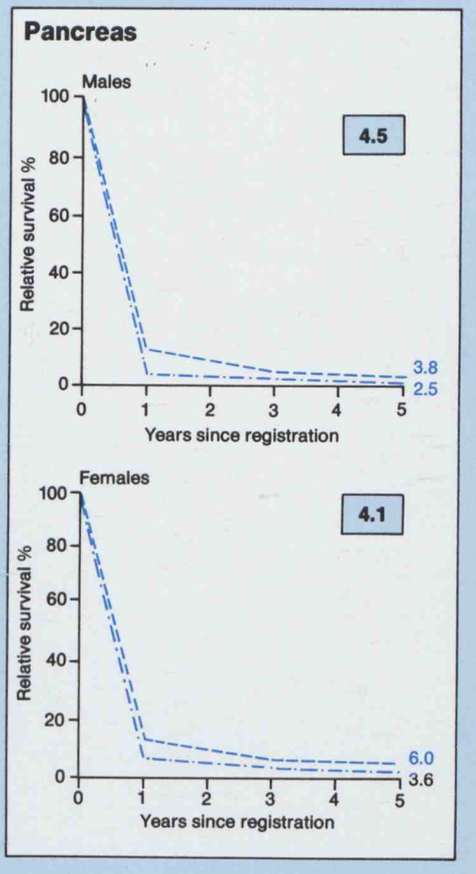
Ovary



Uterus



Pancreas



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Factsheet **9**.4 1988

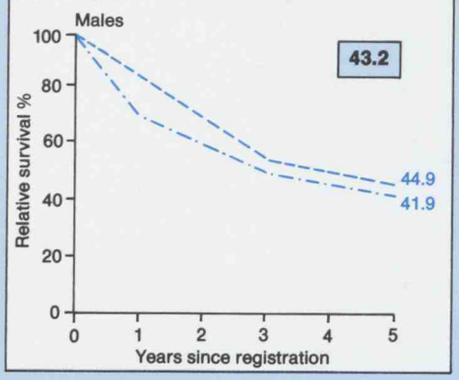
Survival – England & Wales

All Graphs relate to patients diagnosed in 1981.

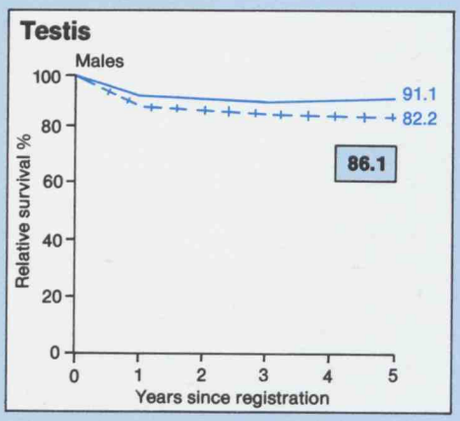
Key: ····· = 5-14 +-+-+-+-+-+-+ = 15-24 —×—×—×— = 25-34 ——— = 35-44 ------ = 55-64 -·-·-·-·-·-·- = 75-84

The 5-year relative survival rates for "All Ages" is shown in: ☐

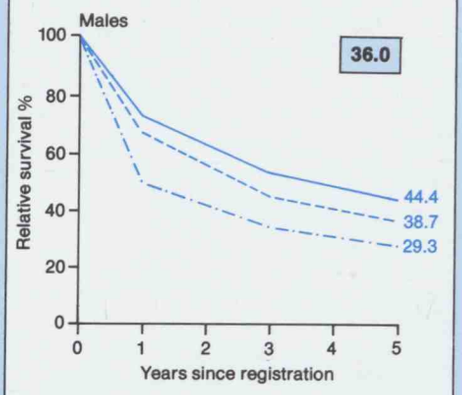
Prostate

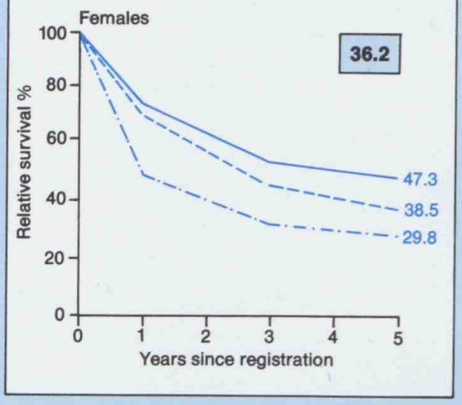


Testis

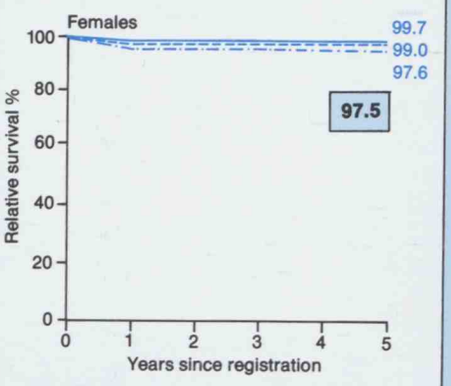


Rectum

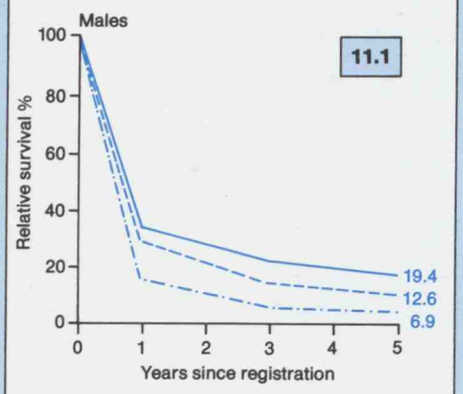


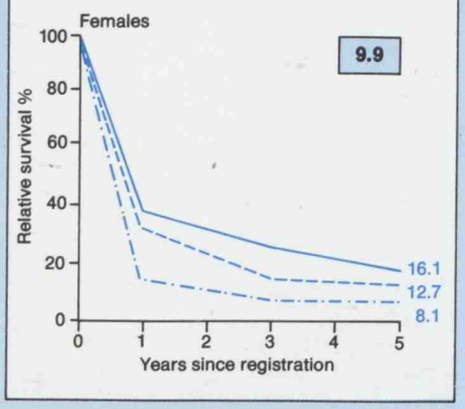


Skin (excluding melanoma)



Stomach





England & Wales 1981
5-Year Relative Survival Rates

Site	Males	Females
Bone	43.2	36.9
Connective tissue	50.4	54.4
Eye	71.9	60.9
Gallbladder	10.0	7.9
Larynx	65.3	53.0
Liver	4.1	5.3
Mouth: gum	40.7	58.2
floor of mouth	39.0	52.3
Multiple myeloma	17.9	19.5
Pharynx: oropharynx	26.3	36.4
nasopharynx	31.1	39.8
hypopharynx	15.1	18.5
Placenta	—	92.5
Pleura	5.6	4.1
Small intestine	21.2	30.8
Thyroid	58.9	64.9

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Cancer Research Campaign

Factsheet **10**.1 1988

Mortality – UK

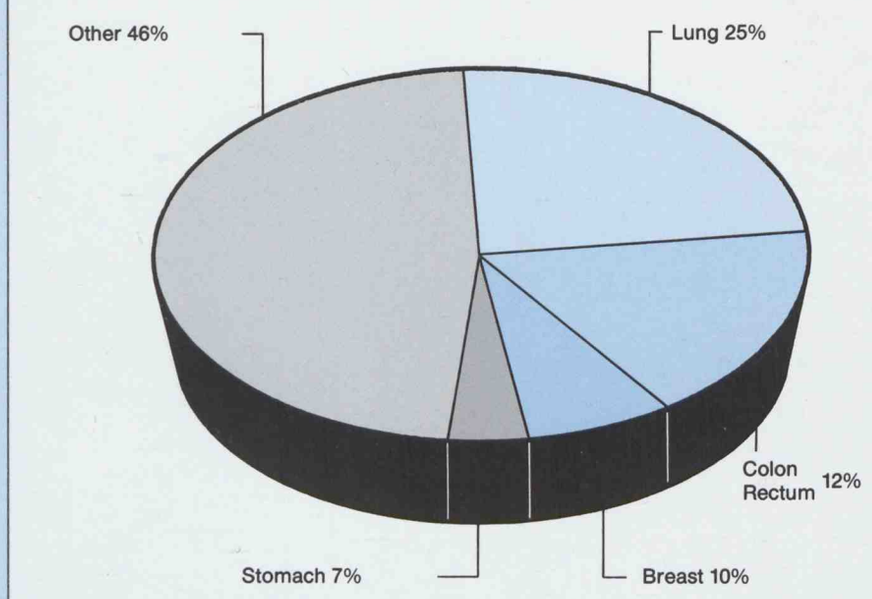
Latest Statistics

In the United Kingdom during 1986 (the most recent year for which UK mortality figures are available) nearly 160,000 people died from cancer. Cancer is now responsible for a quarter of all deaths.

A Few Cancers Predominate

Just a few types of cancer account for more than half of all cancer deaths as the pie-chart shows. Lung cancer alone causes 25% of all cancer deaths, (6% of all deaths). Colon and rectal cancer account for 12% of all cancer deaths, breast cancer (almost entirely a female disease) for 10% and stomach cancer for 7%. 30% of all cancer deaths are attributable to tobacco smoking, that is, most of the lung cancer deaths and a proportion of deaths from cancers of the mouth, pharynx, larynx, oesophagus, bladder, cervix, leukaemia, probably the pancreas and perhaps the kidney. Although a few types of solid tumours (eg. of the lung and breast) dominate the overall picture, other less common cancers that affect children and young adults are important in terms of "years of life lost".

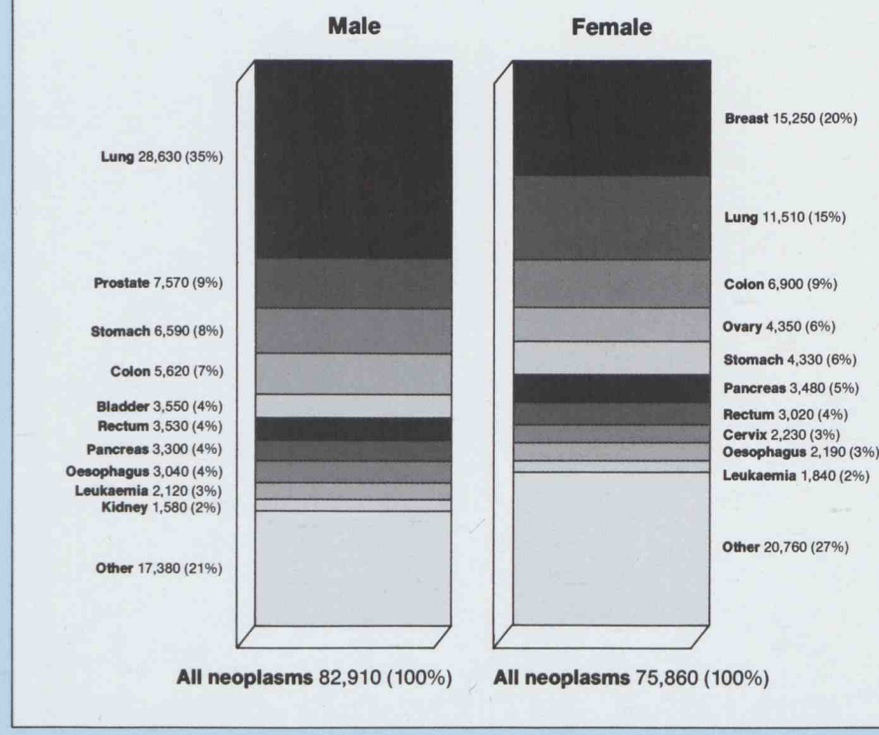
Cancer Mortality – UK 1986



10 Most Common Cancer Deaths

The 10 commonest causes of cancer death in males and females are shown in the histogram. In the UK as a whole and in each separate country lung cancer is the leading cause of cancer death in men and the second most important for women. For women breast cancer is the commonest cause of cancer death.

Numbers of Cancer Deaths in the UK 1986



More Detailed Statistics

More detailed mortality statistics by country and site are given in Table Two. The numbers of deaths for the main male and female cancer sites are shown for England, Scotland, Wales, Northern Ireland and for the United Kingdom as a whole. The UK mortality rate per million population is shown in column 6 and the rank order in column 7.

The population figures for each country are at the base of the table so that rates may be calculated for each country separately. However, comparisons between countries should not be made without taking into account differences in the age-structures of the populations.

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Mortality – UK

TABLE TWO

Mortality: numbers of deaths by site and country:
populations by country: rates and rank order by site, UK only, 1986.

Two (a) Males

Site*	Numbers of deaths registered in: England	Scotland	Wales	N. Ireland	UK	*UK Rate per million pop.*	*UK Rank*
All neoplasms	69080	7509	4637	1681	**82907**	*2999*	—
All malignant neoplasms	68357	7443	4586	1652	**82038**	*2967*	—
Bladder	3007	311	170	57	**3545**	*128*	*(5)*
Bone	114	11	15	2	**142**	*5*	*(25)*
Brain	1267	138	102	38	**1545**	*56*	*(12)*
Breast	100	13	5	3	**121**	*4*	*(27)*
Colon	4599	513	365	146	**5623**	*203*	*(4)*
Connective tissue	270	32	18	9	**329**	*12*	*(20)*
Eye	92	11	5	0	**108**	*4*	*(29)*
Gallbladder	320	38	19	6	**383**	*14*	*(19)*
Hodgkin's Disease	259	29	21	9	**318**	*12*	*(21)*
Kidney	1288	157	94	36	**1575**	*57*	*(11)*
Larynx	627	67	39	16	**749**	*27*	*(15)*
Leukaemia	1784	161	135	43	**2123**	*77*	*(9)*
Liver	695	81	55	28	**859**	*31*	*(14)*
Lung	23748	2865	1487	531	**28631**	*1036*	*(1)*
Melanoma	419	47	26	15	**507**	*18*	*(16)*
Mouth	213	35	17	6	**271**	*10*	*(22)*
Multiple Myeloma	952	107	63	34	**1156**	*42*	*(13)*
Non-Hodgkin's Lymphoma	1505	153	91	34	**1783**	*64*	*(10)*
Oesophagus	2476	337	157	65	**3035**	*110*	*(8)*
Pancreas	2747	268	203	77	**3295**	*119*	*(7)*
Pharynx	325	43	27	7	**402**	*15*	*(18)*
Pleura	344	30	18	14	**406**	*15*	*(17)*
Prostate	6511	538	399	126	**7574**	*274*	*(2)*
Rectum	2954	305	207	68	**3534**	*128*	*(6)*
Skin (non-melanoma)	208	21	21	1	**251**	*9*	*(23)*
Small intestine	101	12	8	2	**123**	*4*	*(26)*
Stomach	5486	519	451	136	**6592**	*238*	*(3)*
Testis	116	17	10	3	**146**	*5*	*(24)*
Thyroid	91	18	4	4	**117**	*4*	*(28)*
Population (in thousands)	**23034.4**	**2475.0**	**1369.1**	**768.4**	**27646.9**		

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* See Appendix : Factsheets 8-10

Mortality – UK

TABLE TWO Continued

Two (b) Females

Site*	Numbers of deaths registered in: England	Scotland	Wales	N. Ireland	UK	*UK Rate per million pop.*	*UK Rank*
All neoplasms	63012	7177	4072	1601	**75862**	*2605*	—
All malignant neoplasms	62137	7091	4009	1582	**74819**	*2570*	—
Bladder	1439	155	70	29	**1693**	*58*	*(11)*
Bone	99	3	7	6	**115**	*4*	*(28)*
Brain	1002	94	53	25	**1174**	*40*	*(13)*
Breast	12825	1313	816	291	**15245**	*524*	*(1)*
Cervix	1858	199	146	31	**2234**	*77*	*(8)*
Colon	5679	652	383	187	**6901**	*237*	*(3)*
Connective tissue	244	23	24	10	**301**	*10*	*(20)*
Eye	69	6	4	1	**80**	*3*	*(29)*
Gallbladder	523	62	29	16	**630**	*22*	*(18)*
Hodgkin's Disease	167	29	11	2	**209**	*7*	*(24)*
Kidney	807	113	40	34	**994**	*34*	*(16)*
Larynx	158	24	11	3	**196**	*7*	*(25)*
Leukaemia	1528	154	125	34	**1841**	*63*	*(10)*
Liver	481	61	33	16	**591**	*20*	*(19)*
Lung	9495	1284	527	205	**11511**	*395*	*(2)*
Melanoma	557	57	38	16	**668**	*23*	*(17)*
Mouth	136	24	10	4	**174**	*6*	*(26)*
Multiple Myeloma	912	99	44	23	**1078**	*37*	*(14)*
Non-Hodgkin's Lymphoma	1313	169	94	23	**1599**	*55*	*(12)*
Oesophagus	1766	238	140	48	**2192**	*75*	*(9)*
Ovary	3622	404	228	91	**4345**	*149*	*(4)*
Pancreas	2884	311	209	77	**3481**	*120*	*(6)*
Pharynx	202	17	25	5	**249**	*9*	*(22)*
Placenta	5	0	0	0	**5**	*0.2*	*(31)*
Pleura	63	5	1	1	**70**	*2*	*(30)*
Rectum	2492	319	156	56	**3023**	*104*	*(7)*
Skin (non-melanoma)	174	22	9	6	**211**	*7*	*(23)*
Small intestine	110	14	7	10	**141**	*5*	*(27)*
Stomach	3509	442	268	107	**4326**	*149*	*(5)*
Thyroid	208	22	12	11	**253**	*9*	*(21)*
Uterus	871	112	56	11	**1050**	*36*	*(15)*
Population (in thousands)	**24220.0**	**2646.0**	**1451.9**	**798.4**	**29116.3**		

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* See Appendix: Factsheets 8-10

010 R3/6

Department of Health
Hawkins House, Dublin 2

An Roinn Sláinte
Teach Haicín, Baile Átha Cliath 2

TEL. (01) 714711 EXTN.
TELEX 24894
REF.

30th May, 1989.

PA

Rt. Hon Mrs Magaret Thatcher
Prime Minister
10 Downing Street
London SWI

Dr. Jane Buttimer from Ireland wishes to thank the Prime Minister for having given the Cancer Experts the opportunity to discuss matters relating to cancer prevention and treatment with her on the 25th May, 1989 and looks forward to her continued committment to this important subject.

File
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SUBJECT cc Master

10 DOWNING STREET

LONDON SW1A 2AA

From the Private Secretary

26 May, 1989.

Dear Anna

The Prime Minister was grateful for the briefing which you provided for her meeting yesterday with the European Cancer Experts. It was essentially a courtesy call, and no issues of substance emerged.

On tobacco, Professor Tubiana insisted that more needed to be done to reduce consumption, and that there was an important Government role through taxation. The Prime Minister commented that there was a lot that could be done to encourage individuals to decide themselves to give up or, more important, not to start. She was concerned about the rise in teenage smoking in this country.

Professor Veronesi waxed enthusiastic about the prospects for a breakthrough arising from the fundamental research in immunology after a ten year fallow period. He was sure that specific benefits for cancer treatment would flow fairly swiftly from the fundamental research.

Professor Tubiana gave a brief dissertation on dietary factors and nutrition. He commented that the incidence of breast cancer rose rapidly by country as one headed northwards through Europe. The range of incidence and severity, however, did not vary much within each country. There was a strong presumption therefore that national dietary factors had a strong influence, but they did not yet have a substantial statistical base to isolate specific factors.

Professor Veronesi said that there was a need for scientists to be able to spend a great deal more of their time on basic research rather than on reporting to committees, justifying grant finance, attending conferences, etc. The Prime Minister commented that she had a great deal of sympathy with that point of view, and indeed had made the same point herself at the lunch she had given in April for the British Nobel Laureates. The difficulty was to identify bright young scientists without all the bureaucracy that Research Councils and peer review involved. In her experience it was normally the small laboratories that

tended to allocate the greatest concentration of time to fundamental research, and the least to administration. It was also important to keep scientists in the research field rather than, as European scientists tended to do, settling for a comfortable, secure, tenured post. They were important points, but ones to which full answers had yet to be developed. The Cancer Experts confessed that they did not themselves have answers to the point that they had raised.

The meeting finished amicably after some thirty-five minutes.

I am sending a copy of this letter to Richard Gozney (Foreign and Commonwealth Office).

Yours ever

Dominic

Dominic Morris

Mrs. Flora Goldhill,
Department of Health.

A

COMMITTEE OF CANCER EXPERTS OF THE EUROPEAN COMMUNITY: PROFILES

A. THE COMMITTEE

1. Professor Maurice TUBIANA (Chairman) (France)	Former Director, Institut Gustave-Roussy, Paris. Professor of Radiotherapy, Paris. WHO adviser
2. Professor Umberto VERONESI (Vice-Chairman) (Italy)	Director, National Cancer Institute, Milan. WHO adviser. Professor of Surgery, Milan.
3. Professor Dr Ekkhard GRUNDMANN (Vice-Chairman) (Germany)	Former Director, Institute of Pathology, Munster. Former President, National Cancer Society.
4. Professor Carl SCHMIDT (Germany)	Chairman, National Tumour Centre, Essen. Professor of Medicine. Former President, European Organisation for Research in the Treatment of Cancer (EORTC).
5. Professor Norman BLEEHEN (Vice-Chairman)(UK)	Professor of Clinical Oncology, Cambridge. Hon Director of MRC Clinical Oncology and Radiotherapeutics Unit, Addenbrooke's Hospital. Chairman, Dept of Health Standing Sub-Committee on Cancer, and Chief Medical Officer's Consultant Adviser in Radiotherapy. (Shared platform with Prime Minister at UK launch of European Year on 25 January)
6. Dr Peter BOURDILLON (UK)	Senior Medical Officer, Dept of Health
7. Dr Ole MOELLER JENSEN (Denmark)	Director, National Cancer Registry, Copenhagen. Secretary-General, International Association of Cancer Registries. Chairs EC Groups on Detection and Prevention, and on Diet and Cancer.
8. Professor Jordi ESTAPE Rodriguez (Spain)	Professor of Medical Oncology, Barcelona. WHO adviser. Special interest in haematology.
9. Professor Jose CONDE (Portugal)	Professor of Surgery, Lisbon. Sub-Director General of Hospitals.
10. Dr Michael MORIARTY (Ireland)	Hospital Consultant, Dublin.
11. Professor Robert KROES (Netherlands)	Professor of Biological Toxicology, Utrecht. Deputy Director, National Institute of Public Health and Environmental Protection, Bilthoven. Trained as veterinarian. Special interest: carcinogens.
12. Professor Mario DICATO (Luxembourg)	Professor of Human Biology, Luxembourg. Former Medical Director, Centre Hospitalier, Luxembourg. US trained.

13.	Mme Anna EFREMIDIS (Greece)	Director of Medical Oncology, Hellenic Anti-Cancer Institute. Special interest: haematology. US trained.
14.	Professor Thierry BOON (Belgium)	Director, Ludwig Institute for Cancer Research, Brussels. Trained as biologist (Deputising for Professor Christian de DUVE)
15.	Dr Alberto COSTA (Observer)	Secretary-General, European School of Oncology, Milan. Secretary-General, European Organisation for Research in the Treatment of Cancer (US/EC/Member State funded agency. Maintains international data base on clinical trials). Chairs EC Group on training in oncology.
16.	Dr Lorenzo TOMATIS (Observer)	Director, International Agency for Research in Cancer, Lyon (IARC - established by WHO; mainly concerned with epidemiology, and important source of expertise on carcinogens).
17.	Professor Jerzy EINHORN (Observer) (Sweden)	Director, Stockholm Cancer Centre. WHO adviser on organisation of cancer care in Europe and Africa. Special interests: immunology, endocrinology.

B. REPRESENTATIVES OF THE EUROPEAN COMMISSION

1.	Mme Georgette LALIS	Member of the Cabinet of Mme Vasso PAPANDREOU, Commissioner for Employment, Social Affairs and Education. Mme Papandreou has overall responsibility for the Europe Against Cancer Programme.
2.	M Michel RICHONNIER	Senior official responsible for the coordination of the programme. Professor of Economics, Bruges. (Shared platform with Prime Minister at UK launch of European Cancer Year on 25 January)
3.	Dr Fons VERMORKEN	Secretary of the EC Cancer Research Working Party. Biochemist.
4.	Dr Alain VANVOSSEL	Secretary to the Committee of Cancer Experts
5.	Miss Carole WYSLYCH	Secretariat

Pres invites us all now

Prof T Lifestyle/Cancer

Tobacco most important factor
Must reduce consumption. Much done by individuals
Govt role too

Pres: Very pleasing home examples of what can happen to kids
IRC as bulwark – nutrition – IRC theme hereditary predisposition to cancer

Bleehen More research being done.

Pres Young people smoking on increase again – party rebellion
Partly film + telly damage :– glamorous lifestyle associ w. smoking
Crack main problem.

Bleehen

Venneri : Immunology has languished for 10 yrs. But now in period of fundamental research going on + that will have Practical benefits in cancer treatment. ∴ need to keep ftg going

Tubiana Dietary factors – nutrition – breast cancer varies strongly from S. Italy to Britain – further north you go by country the more frequent it is. More virulent too. Import diet + fat consumption but can't tease out simple factors easily.

Jose It is v diff + time consuming. Need cohorts over say 20 yrs to compare

Pres Chinese – low starch/low fat – does this affect the rate

Tubiana Liver Cancer Thro viral infection is v. common

Costa Cancer much more treatable – and less traumatic
Breast cancer curable w. mastectomy. (Pres Like that is suppose)

Venneri : Need more time for scientists to spend in basic research rather than reporting to committees the whole time, scattering around for money, attending conferences.

Pres. Agree – up worked most much. Also identify the young ones w. uneasiness And let them small labs. And how keep fire in their belly not settling down.

PRIME MINISTER

Tomorrow at 1645 you have agreed to see the Committee of Cancer Experts of the European Community.

This is essentially a courtesy call (the Head of Government of the host nation has seen them when they have their six monthly conference). Chancellor Kohl saw them last time. Their conference tomorrow and Friday is their ninth. Tomorrow night Ken Clarke is hosting a dinner in their honour. The list of experts is at Flag A. You met Professor Bleehan in January when you launched the UK part of the European Year of Information on Cancer. A background brief from Department of Health is at Flag B. I suggest you open with a photocall in the Blue Room. We have arranged enough chairs in the Pillared Room if you wish to move through and have tea with the experts in there. Professors Tubiana and Bleehan will do most of the speaking for the experts. Department of Health have not yet been able to elicit any specific points the experts want to raise with you. They are not decision-takers but their advice, offered in all innocence as best practice, is often taken by the Commission as the basis for imposing uniformity on the Community (e.g. tobacco labelling). There will be two people from the Commission there but they intend (wisely!) to stay in the background.

You could make the following points to open:

- We do strongly support Europe Against Cancer and will play our part in trying to meet the target Europe has set of reducing the role of cancer deaths by 150,000 - 15 per cent - by the year 2000.

- The sharing of talents, information and experience which the experts' committee represents is an example of what the Community can do better together than each country can do alone.

- Spread of information on best practice is important. It is because we recognise that importance that the initiative for the European Year of Information on Cancer was first proposed when the UK held the Presidency, and while I personally was happy to launch the UK part of that information year back in January.

- Support for the objective does not, however, mean we have supported every Commission proposal, for example on tobacco labelling. Spreading best practice should not mean uprooting the system which is already working very well and impose restrictions which detract support from what is an excellent aim. I would like to hear from you what new thoughts have emerged as a result of your meeting today.

Derek Lee

Derek Clark

DOMINIC MORRIS

24 May 1989
KK1AQA

1487A

DEPARTMENT OF HEALTH AND SOCIAL SECURITY
Richmond House, 79 Whitehall, London SW1A 2NS
Telephone 01-210 3000

From the Secretary of State for ~~Social Services~~ Health

Dominic Morris Esq
Private Secretary
10 Downing Street
LONDON SW1A

24 May 1989

Dear Dominic

I attach some briefing on cardiovascular disease for the Prime Minister's meeting tomorrow with the Committee of Cancer Experts of the European Community.

When the Committee of Cancer Experts has been received by Heads of State and Prime Ministers in the past, it has been the custom for the Head of State/Prime Minister to give a welcoming introduction and for Professor Tubiana, Chairman of the Committee, to respond. Professor Tubiana has then gone on to raise issues that the Committee feels are important, both to the Europe Against Cancer programme and to the host country. Although there will be 19 people present it is likely that most of the ensuing discussion will be conducted by Professor Tubiana and Professor Norman Bleehan, the UK expert whom the Prime Minister met when she launched the Europe Against Cancer programme in January. It is unusual for the European Commission delegates to say more than "thank you" for inviting the Committee to the host country.

It is not possible to anticipate the sort of questions that the Committee might raise with the Prime Minister - it is only in the session immediately before the meeting with the Prime Minister that the topics for discussion will be agreed.

As an illustration, one of the topics discussed with Chancellor Kohl was that of the confidentiality of cancer registration and mortality data in the Federal Republic of Germany. The very strict limitation of named patient data in Germany has meant that it has been difficult to use cancer registration and mortality data to monitor trends in cancer survival, to monitor environmental health hazards, to monitor cancer screening programmes and to conduct epidemiological research. Chancellor Kohl was receptive to the point and encouraged the Committee to establish a working group to look at the issue (which is not confined to Germany).

E.R.

Should aspects of cancer care in the UK be raised in discussion, Professor Bleehen and Dr Bourdillon a senior medical officer in the Department, who is also a member of the Committee, would be happy to provide factual information for the Prime Minister should she so wish.

Yours ever

Flora

FLORA GOLDHILL
Private Secretary

COUNCIL OF HEALTH MINISTERS - 16 MAY

CARDIOVASCULAR DISEASE

Background

1. The Presidency proposals on cardiovascular disease discussed at the Health Council meeting on 16 May concerned the setting up of an experts group appointed by mamber states to look into the problem of cardiovascular disease in the Community.

2. The draft conclusions (copy attached) mention the need to avoid duplication of the work of other bodies. References to "public health", to which the UK objected on competence grounds, were removed from the draft conclusions before the meeting.

3. While we accept that coronary heart disease shares some of the risk factors of cancer - for example smoking, unhealthy diet and excess intake of alcohol - these are addressed by the UK in our coronary heart disease prevention campaigns and participation in the Europe Against Cancer initiative.

4. The UK has three well developed CHD prevention campaigns - "Look After Your Heart" (England), "Heartbeat Wales" and "Change of Heart" (Northern Ireland). The major thrust of activity is aimed at those in the lower socio-economic groups who are most at risk and involves a "healthy lifestyles" approach.

5. While we approve whole heartedly of any initiative designed to reduce the prevalence of CHD in Europe, it is not the case that a single, universal, preventive policy necessarily provides the answer. CHD activities, like any othe preventive activity, must be capable of being developed for and adapted to the specific needs and problems of each individual country. We particularly feel this to be the case in the light of the recent National Audit Office report on coronary heart disease prevention and treatment, which will undoubtedly result in an even greater intensification of effort on our national campaigns.

6. In addition it would be premature to embark on another Community inspired campaign of this kind before the results of the Europe Against Cancer programme have been fully evaluated.

Line to Take

1. We share completely your concerns about the seriousness of cardiovascular disease and the need for concerted action to reduce it. Our determination to tackle this problem is demonstrated by our commitment to the "Look After Your Heart" initiative, and the increasing resources we have devoted to it. "Look After Your Heart" works closely with parallel campaigns in Wales and Northern Ireland and together they are beginning to make a considerable impact.

2. We have always encouraged co-operation and a sharing of knowledge between the UK and other countries. At expert level this is already happening through the auspices of the World Health Organisation. Officials from our Department of Health have also made contact with many countries, both inside and outside Europe and have learned much from the different national experiences.

3. Against this background, we had two major difficulties with the document prepared for discussion at the Health Council meeting. The first is a matter of competence. Health matters are outside the scope of the EC Treaties and the fact is that the Community therefore has no competence to act in this area. As I have said, there are far more suitable international bodies, such as the WHO, for dealing with these matters and they can cover a range of experience much wider than that of the European Community.

4. But in any case, the proposals outlined in the paper prepared for the Health Council meeting were so vague as to be meaningless. Although the Council discussed the matter at great length it was clear that none of the countries supporting the proposal had a clear idea of what the committee of experts were being set up to do. Because of this it seemed pointless for the EC to make empty gestures when there are more effective ways of tackling the problem. There was therefore no alternative than to maintain our reservation and vote against the motion.

5. We remain totally committed to the drive against coronary heart disease in this country, and we will continue to take full account of the experiences of other countries. I look forward to your support and co-operation in our activities in this area.

(D19May1)

B

THE COMMITTEE OF CANCER EXPERTS OF THE EUROPEAN COMMUNITY: NINTH MEETING ON 25 AND 26 MAY 1989 IN LONDON

BACKGROUND BRIEF

European Year of Information on Cancer

1. The European Year of Information on Cancer was launched in the UK by the Prime Minister on 25 January at the Queen Elizabeth II Conference Centre, London. The aim of the European programme is to cut cancer deaths across Europe by 15 per cent by the year 2000. If this aim is achieved it would reduce cancer deaths in the UK by 25,000. The information campaign is promoting lifestyles that reduce the risk of developing cancer, emphasising the value of screening and persuading people to act on early warning signs. A copy of the European 10 point code, based on the Cancer Experts' advice, is ~~at Appendix E~~. (attached)

2. The Year has been divided into four quarterly themes and much of the activity which has been planned is taking place within this framework:

January - March:	Smoking and Alcohol
April - June:	Diet and Sun
July - September:	Occupational Cancers and Screening
October - December:	European "Week" (9-15 October) and Overview

3. Details of the general activities known to be planned in the UK throughout 1989 and of pan-European activities co-ordinated by the Commission are at Appendix F.

The Committee of Cancer Experts

4. The 9th Meeting of the EC Committee of Cancer Experts takes place in London on 25 and 26 May. The Committee of Experts was formed in January 1986 to advise the Commission on the formulation and implementation of the Europe Against Cancer Programme. This is one of a series of six-monthly meetings in EC capitals, at which they have been received by the Head of State. Their planned timetable is at Appendix B; profiles of delegates are at Appendix C. A key item of business will be the formulation of advice to the Commission on an Action Plan for 1990-1994.

The 1987-89 Action Plan

5. The Commission's first action plan approved by Ministers in 1987 has four main strands: prevention, health information, training of health personnel, and research. The main features of recent progress are:

5.1 **Prevention and Early Detection** - The 1st European Conference on anti-tobacco policy was held in Madrid in November 1988. The EC has given financial support for 40 studies in the field of prevention, mainly on nutrition. Studies in systematic cancer screening have also been set up.

5.2 Training of Health Personnel - 50 grants a year have been made available for training at the European School of Oncology in Italy. Manuals for general practitioners are being prepared on lung cancer and breast cancer. Recommendations by expert working groups on oncology training for medical undergraduates and nurses have now been endorsed by the Commission.

5.3 Information and Health Education - Television programmes are planned in most countries. Action will concentrate on disseminating the 10 point code.

5.4 Research - 50 Fellowships are available for young scientists wanting to spend up to two years in another member state. Agreement has been reached on the establishment of a European Centre for treating malignant brain tumours by boron neutron capture therapy in the Netherlands. A feasibility study has been set up to establish a light ion medical accelerator in Europe. (The development of both projects depends on funding approval for the 2nd Action Plan). The Commission's progress report is at Appendix G.

6. Proposals for 1990-94

The Commission has recently published a proposed outline for a 2nd action plan for 1990-94. The adoption of a definitive plan depends on Ministers' approval of the funds at the end of 1989. The Commission are bidding for 55M ECU over the period, compared with spending of 18M ECU from 1987-89 (excluding research). They propose a reduction in the proportion spent on information and education from 52 per cent to 32 per cent and a bigger investment in prevention (notably studies of nutrition) and training of health professionals (notably dissemination of their recommendations and promotion of training exchanges). They propose better targetting of information campaigns, notably on teachers, young people, GPs and employers, an annual EC conference of all cancer organisations and an annual information week every October. On screening they aim to evaluate existing programmes (breast and cervical) and the scope for future ones (particularly for colorectal cancer). Research efforts will accord priority to the evaluation and dissemination of new techniques in radiotherapy.

7. UK ACTIVITY

The UK already has a leading role in many of the areas covered by the European programme:

7.1 Smoking

The Government has an active strategy based on positive advice and education aimed at reducing the damage caused by smoking. Good progress has been made - 33 per cent of adults smoked in 1986, compared with 40 per cent in 1978, but smoking by teenagers, particularly girls, continues to cause concern. In January the Government announced a campaign costing £2.2M a year aimed at halving teenage smoking by 1993.

7.2 The UK opposed the EC Directive on harmonisation of tobacco labelling on 16 May

[line to take at Appendix H]

7.3 Information

Much of the activity in 1989 will be mounted by the UK Health Promotion Authorities, working with voluntary organisations. The Government has provided an additional £1M to enable the HEA to put together a comprehensive education package, to complement existing activity, and both Government and the Commission are supporting a wide range of specific projects (details at Appendix I).

7.4 Screening

7.4.1 The UK has Europe's first comprehensive cervical cancer screening programme, using computerised call and recall, and the world's first breast screening programme (the Government is providing £55M funding for the latter). Women aged 20 to 64 will be invited for cervical screening at least every five years. Women aged 50 to 64 will be invited for breast screening every three years, with nationwide coverage by 1990.

7.4.2 The Medical Research Council is sponsoring an evaluation of a screening test for colorectal cancer, a common cancer with high mortality due to late diagnosis. There is intense EC interest in this field, to which UK experts are contributing fully.

7.4.3 The Government supports a Cancer Screening Evaluation Unit at the Institute of Cancer Research to monitor existing and possible future programmes, in collaboration where appropriate with European clinicians.

Training

7.5 UK experts took a leading role in preparing EC reports on medical and nurse training in cancer care and the recommendations made are largely met already. Cancer training is well established in the UK at both post-basic and specialised levels. The Royal Marsden Hospital has recently introduced a Master's Degree in Advanced nursing practice (cancer) and a short course on the care of patients with advanced cancer. The medical profession now recognises palliative medicine as a sub-specialty and a national higher training scheme for doctors was set up in 1987. The UK has pioneered new techniques in care of the dying - in which there is growing EC interest. The Government is supporting a distance learning package being developed by the Open University to disseminate some of these techniques to non-specialist nurses and volunteers.

7.6 Research

7.6.1 EC research programmes co-ordinate work on cancer costing over 300M ECUs during 1987-89. The main aim is to co-ordinate activities already in train, and build up a comprehensive research and information base comparable to the USA's. Key topics in the action plan are:

cancer registration (the UK already has a comprehensive voluntary scheme; the OPCS are looking at the need for improvements in it)

diet

occupational cancers

reproduction

passive smoking

tissue analysis

imaging

control of multicentre therapeutic trials

development of anti-cancer drugs

7.6.2 In the UK, cancer charities, both large and small, make substantial investments in research and command the highest international respect (eg the Imperial Cancer Research Fund spends £41M a year, the Cancer Research Campaign £31M). The main Government agency, the Medical Research Campaign spent approximately £10M in 1987/88 on cancer-related research. The Department of Health spent £2.3M on supporting such research in the same period. The UK Co-ordinating Committee on Cancer Research seeks to avoid duplication between the various agencies' programmes, and also liaises with EC bodies. The Department is supporting multi-centre trials to evaluate a promising new technique in radiotherapy (continuous hyperfractionation).

Information about cancer and professional education

Promotion and publication of:

- Newly produced and evaluated teaching materials.
- New Fact Sheets for the statistical series "Facts on Cancer", including basic information on "Cancer and Cigarette Smoking".
- Possibly a new production in the "Finding out about ..." series produced by Hobsons Publishers: "Finding out about cancer".
- Leaflets and other information made available for media and public on early detection of malignant melanoma and protection against sun. Booklet for professionals.
- Educational materials on breast screening aimed at GPs and other members of the primary care team.
- Combining publicity for malignant melanoma education programme with the European timetable and emphasis on lifestyle.

Organized by the Cancer Research Campaign.

Open Days

At Research centres, organized by the Cancer Research Campaign.

Schools education

Publication/Launch of:

- Marie Curie: a teaching pack to help adolescents understand the causes and nature of cancer.
- Radiation in medicine: a video and booklet directly relevant to GCSE and A level science courses.

Professional education

Doctors and nurses education.

Cancer patients and their families at home.

An interactive video and booklet for family doctors and nurses to help them with symptom control and communication.

Organized by the Marie Curie Cancer Care.

Public education

Caring for your relative at home.

A VHS video and booklet for relatives looking after a cancer patient at home.

Organized by the Marie Curie Cancer Care.

Survey of needs of cancer patients

A report providing details of a wide ranging survey of cancer patients at home being helped by the Marie Curie Community Nursing service to determine needs, provision and scope for further activity. To be undertaken in conjunction with the DHSS and de Vilbiss Health Care Limited.

Organized by the Marie Curie Nursing Service Study.

Cancer-awareness package

Development of a cancer-awareness package for use as a workshop in teacher training.

Organized ty the Cancer Education Co-ordinating Group.

"Taking Care" of Cancer in Scotland

To inform and educate the public about the incidence of the common cancers in Scotland, the treatment methods available for them and what individuals can do to help prevent cancer.

Organized by TAK TENT.

Public-awareness campaign

A campaign to increase public awareness of the nature and availability of cancer screening and treatment, including self-examination; and to allay public fears concerning radiation when used in a controlled, medically necessary way.

Organized by the Radiotherapy Department of St. Mary's Hospital, Portsmouth.

Miscellaneous actions

- Link the launch of the computerized cervical screening within the context of the Europe against Cancer Year.
- Play a major role on National No Smoking Day.
- Link the launch of the breast screening service to Cancer Week in 1989.
- Produce a Grampian version of the Health Promotion Plan for Cancer.
- Play a full part in any activities co-ordinated by the Scottish Health Education Group.

Organized by the Grampian Health Board.

Miscellaneous publications

A special edition of the Journal of the Institution of Health Education to be dedicated to cancer education topics, probably to be published in the middle of the year.

Jointly with ROSS, the Institute will be making available papers, articles and items on public education and on cancer for national and local media.

Organized by the Institute of Health Education.

JANUARY

Launch of telephone "Helpline" in London

Organized by: Women's National Cancer Control Campaign on January 3.

National "No Smoking Day Workshop" in Northern Ireland for campaign organizers

Organized by: Ulster Cancer Foundation on January 9.

Launch of "Europe against Cancer" Year in London

- Press releases.
- New CECG Leaflet with list of members and services.

Organized by: Publicis, UK Steering Group, Cancer Education Co-ordinating Group.

Regional launches in Wales, Scotland and Northern Ireland organized by the Health Promotion Authority for Wales, Tenovus, Scottish Health Education Group, Northern Ireland Health Promotion Units, Ulster Cancer Foundation.

Distribution to UK Health Promotion Agencies of nutritional literature for regional use

Organized by: Health Promotion Authorities for Wales.

Letter to 600 volunteers and video screening

Organized by: Breast Care & Mastectomy Association of Great Britain.

FEBRUARY

District Health Promotion Plan for Cancer

Organized by: Cancer Education Co-ordinating Group, the Ulster Cancer Foundation and the Northern Ireland Health Promotion Unit:

- Publication of Guidelines.
- Launch of Development Project for UK health promotion agencies.
- Workshop in Belfast.

Press conference

For National No Smoking Day in March (London and regions).

Organized by: National No Smoking Committee & Action on Smoking and Health.

Launch/publication of "A Cancer Handbook" for health professionals in Northern Ireland

A pilot project for UK Health Promotion Agencies.

Organized by: Ulster Cancer Foundation and the Northern Ireland Health Promotion Unit.

Planning meeting by 37 member organizations of Cancer Education Co-ordinating Group In London

Organized by: Cancer Education Co-ordinating Group.

Launch of "Smoke Free" Dining Guide in Northern Ireland

Organized by: Ulster Cancer Foundation.

Workshops for training professionals

In support of "Stop Smoking" activities in preparation for National No Smoking Day in Northern Ireland.

Organized by: Ulster Cancer Foundation.

Cancer Symposium

Organized by: Open University.

"Free-Phone" Cancer Information Service for England and Wales (excluding London)

To provide regional publicity for the free telephone lines to BACUP's existing national telephone Cancer Information Service and in this context to increase public awareness and understanding of cancer and the European Code.

Organized by: BACUP.

"Setting Up A Mammography Screening Programme"

Organized by: Regional Oncology Support Service (NWRHA).

A repeat of the November 1988 conference which was oversubscribed.

MARCH

"The Countdown Calendar"

Distribution of leaflet, dangers of smoking, information on National No Smoking Day on March 8, 1989.

Organized by: National No Smoking Day Committee (NNSD).

Appointment of Macmillan prize and publicity campaign

1. Appointment of first Macmillan Breast Care Nurse.
2. Publicity campaign on the issue of support and care for women with breast cancer.

Organized by: Cancer Relief Macmillan Fund.

National No Smoking Day (United Kingdom wide)

Organized by: NNSD Committee and individual CECG and Member organisations.

Symposium on the five ages of woman

Organized by: Women's National Cancer Control Campaign at the Royal College of Obstetricians & Gynaecologists.

Teaching pack

Launch of nurses' smoking teaching pack in Northern Ireland.

Pilot for UK health promotion agencies.

Organized by: Ulster Cancer Foundation and the Northern Ireland Health Promotion Unit.

"All Ireland" Daffodil Day

Organized by: Ulster Cancer Foundation and the Irish Cancer Society.

Distribution UK wide of guidelines on smoking cessation for primary health care team

Organized by: Ulster Cancer Foundation and the Northern Ireland Health Promotion Unit in conjunction with health promotion agencies in England, Scotland and Wales.

Launch of development programme on primary health care, occupational health care and nurses project for UK Health Promotion Agencies

Organized by: Ulster Cancer Foundation and the Northern Ireland Health Promotion Unit.

International Cambridge Conference on breast cancer screening

Offering radiologists, Community physicians and others involved in the provision of screening services, the opportunity to hear from those leading the major European Cancer Screening Programmes.

Organized by: Marie Curie Cancer Care.

Conference for cancer support and self-help groups in Britain

Organized by: CancerLink.

APRIL

European workshop for cancer education

An invited group will hold discussions to prepare a core curriculum for post basic cancer nursing in Europe.

Organized by: Marie Curie Cancer Care in conjunction with the European Oncology Nursing Society.

Mastectomy Fashion show in Northern Ireland

Organized by: Ulster Cancer Foundation.

Healthy shopping basket promotion in UK

Organized by: Cancer Education Co-ordinating Group members.

Northern Ireland nutritional programme launch by community dieticians

Organized by: Ulster Cancer Foundation and the Northern Ireland Health Promotion Unit.

Press campaign in Scotland

On cancer prevention and evaluation for UK Health Promotion Agencies.

Organized by: Scottish Health Education Group.

Campaign on lifestyle featuring diet

Organized by: Cancer Education Co-ordinating Group.

Public & professional education day on breast cancer - "A story of progress"

Organized by: Cancerkin at the Royal Free Hospital, London.

MAY

Silver Luncheon

Hilton Hotel, London

Organized by: Women's National Cancer Control Campaign.

EC Bicycle Rally in London

Organized by: Women's National Cancer Campaign (in association with Tenovus Ulster Cancer Foundation and a Scottish agency).

The Cancerkin Luncheon

To be hosted by the Countess Mountbatten of Burma at the Inn on the Park, London.

Organized by: Cancerkin, Cancer.

Campaign on "Preparing for Holidays"

Organized by: Cancer Education Co-ordinating Group.

Study Day on Cancer

Meeting of 37 member organizations in Cardiff.

Organized by: Cancer Education Co-ordinating Group, Tenovus & Welsh Health Promotion Authority.

"Focus on Cancer" - Smoking competition

Announcement of results (Northern Ireland).

Organized by: Ulster Cancer Foundation.

Development programmes

Commencement of development progammes on cancer education in workplace for UK health promotion agencies

Organized by: Welsh Health Promotion Authority.

"Setting up a Cancer Education Programme within a Health Promotion Unit"

A three-day workshop to be held in Manchester, jointly with ROSS.

Organized by: The Institute of Health Education.

"Setting up a Cancer Education Programme within a Health Promotion Unit"

A three-day training workshop organized jointly with the Institute of Health Education.

Organized by: Regional Oncology Support Services.

Launch of training package and interactive video on palliative medicine for GPs

Organized by: Cancer Relief Macmillan Fund.

Introduction of a Linkline

To make the calls to the Cancer Information Service free (except in Greater London).

Organized by: BACUP.

JUNE

Summer Fair at Hurlingham

Fundraising and educational activities

Organized by: Women's National Cancer Control Campaign.

AGM at House of Commons, London

Organized by: Women's National Cancer Control Campaign.

Health Promotion Programme

On "Taking Care in the Sun" in Northern Ireland

Organized by: Ulster Cancer Foundation.

Research Project

(Self Referral Clinic) in Northern Ireland.

Organized by: Ulster Cancer Foundation.

Appointment of Macmillan prize and press campaign

1. Appointment of Macmillan prize to the best paediatric nurse.
2. Press campaign on specialist support for children with advanced cancer.

Organized by: Cancer Relief Macmillan Fund.

JULY

Sreening Campaign for Women

Organized by: All Cancer Education Co-ordinating Group members.

Conference on "Regional Breast Screening Update"

Organized by: Regional Oncology Support Service (NWRHA).

AUGUST

Launch of "Healthier Workplace Campaign"

Covering education and screening, "smoke-free" policies and health and safety aspects.

Organized by: All Cancer Co-ordinating Group Members

Launch of materials developed for United Kingdom health promotion agencies

Organized by: Welsh Health Authority.

SEPTEMBER

Conference for Cancer Self-Help Groups in Scotland

Organized by: Cancerlink.

"All Ireland" Conference on Smoking and Health

Organized by: Ulster Cancer Foundation, Irish Cancer Society.

Conference on "Nuclear Generation of Power: Implications for Health Education"

Organized by: Regional Oncology Support Service (NWRHA), the Institute of Health Education and the co-operation of the Central Electricity Generating Board.

Publication of "Smokebusters" Club Newsletter

In Northern Ireland.

Organized by: Ulster Cancer Foundation.

Publication of the results of a Northern Ireland wide Survey of "Smoke-Free" Policies

Throughout all public places and workplaces.

Organized by: Ulster Cancer Foundation.

"Smokebusters" Conference for the UK

(Children and smoking).

Organized by: Health Education Authority.

Evaluation of "Screening" Helpline

Organized by: Women's National Cancer Control Campaign.

OCTOBER

Press Launch (London) and regional launches for EC Cancer Week

London launch will feature 200 cured cancer patients from all regions of the UK.

Organized by: CECG Members and Publicis PR.

Progamme to encourage and assist in developing cancer education programmes in the 19 districts of the region

Organized by: Regional Oncology Support Service (NWRHA).

Cancer Ball

Organized by: Women's National Cancer Control Campaign.

UK wide concensus conference on EC initiatives

Based on Lisbon Open University EC meeting.

Organized by: Health Education Board.

Launch of "Help is Theirs" leaflet

For cancer patients.

Cancer relief Macmillan Fund to produce the million copies of this "at a glance" directory listing all the national organizations available to provide information, care and support for patients and their families.

Organized by: Cancer Relief Macmillan Fund.

"Caring for Cancer Patients"

Launch of Cancer Education Co-ordinating Group Handbook for professionals.

Organized by: Cancer Education Co-ordinating Group.

"Tears and Smiles

Launch of "Tears and Smiles", the Hospice Handbook by Martyn Lewis.

An account of how the hospice directory of all hospice services throughout the UK. Soft back book available in book shops in the Autumn.

Organized by: Cancer Relief Macmillan Fund.

Special publication for people living with cancer

Organized by: Cancerlink.

NOVEMBER

Follow-up to "Cancer Week" with cancer education talks and open days, etc.

Organized by: All Cancer Education Co-ordinating Group members.

DECEMBER

Interdenominational "Carol Service" for cancer patients and members of the health care professions in Belfast

Organized by: Ulster Cancer Foundation.

Evaluation of mobile screening programmes

Organized by: Women's National Cancer Control Campaign.

Spain

ASOCIACIÓN ESPAÑOLA CONTRA EL CANCER
c/Amador de los Ríos 5
E-28010 Madrid

MINISTERIO DE SANIDAD Y CONSUMO
Pº del Prado 18-20
E-28014 Madrid

CONSEJO GENERAL DE MEDICOS
c/Villanueva 11 - 4º plta.
E-28001 Madrid

JUNTA DE ANDALUCÍA
Consejería de Salud y Servicios Sociales
Avda. República Argentina 21
E-41071 Sevilla

The Netherlands

LANDELIJK OVERLEG KANKERCENTRA (LOK)
Reaal 5 - Postbus 103
2353 AC Leiderdorp
Tel: 071/89.67.00

NEDERLANDSE KANKERBESTRIJDING
Sophialaan 8
1075 BR Amsterdam
Tel: 020/66.44.044

United Kingdom

CANCER EDUCATION CO-ORDINATING GROUP
Ulster Cancer Foundation
40-42 Eglantine Avenue
GB-Belfast BT9 6DX
Tel: 232/66.32.81

WOMEN'S NATIONAL CANCER CONTROL CAMPAIGN
1 South Audley Street
GB-London W1Y 5DQ
Tel: 1/499.75.32

CANCER RESEARCH CAMPAIGN
2 Carlton House Terrace
GB-London SW1 45AR

IMPERIAL CANCER RESEARCH FUND
P.O. Box 123
Lincoln's Inn Fields
GB-London WC2A 3PX

C. UK GUESTS*

1. Professor Sir Raymond HOFFENBERG	Chairman UK Co-ordinating Committee on Cancer Research. The UKCCCR represents the major publicly-funded and charitable bodies in cancer research, whom it advises on the efficient use of available resources.
2. Sir David INNES WILLIAMS	Chairman, UK Steering Group on the European Cancer Initiative. (Ad hoc group of research and health education interests co-ordinating UK activities in support of the European programme) Sir David is Chairman of the Imperial Cancer Research Fund, and a former consultant urologist at Great Ormond Street Hospital for Sick Children. (Shared platform with the Prime Minister at the UK launch of European Cancer Year on 25 January)
3. The Rt Hon the Lord JELLICOE	Chairman, Medical Research Council.
4. Sir Donald MAITLAND	Chairman, Health Education Authority. Former Ambassador to the European Community.

[* Not attending the Prime Minister's meeting]

[** The Secretary of State for Health, but <u>not</u> the Prime Minister, will subsequently meet these additional guests at 19.30 on 25 May in Lancaster House]

GENERAL ACTIVITIES THROUGHOUT 1989

3-month pilot project during 1989

Project to consider the support and information needs of ethnic minority communities and migrant workers affected by cancer. Organized by CancerLink.

Publicity pack

For all support and self-help groups. Organized by CancerLink.

Launch of Scottish Information Service based in Edinburgh

Organized by CancerLink.

Resource pack

For cancer support and self-help groups. Organized by CancerLink.

Publication of new booklets

On:

- Understanding head and neck cancers.
- Understanding cancer of the thyroid.
- Understanding cancer of the larynx.
- Revised understanding cancer of the breast.
- Understanding cancer of the kidney.
- Understanding cancer of the bladder.
- Understanding melanoma.
- Understanding endometrial cancer.
- Understanding cancer of the oesophagus.
- Understanding cancer of the pancreas.
- Controlling pain and other symptoms.
- Children's cartoon booklets (perhaps four booklets).

- Recipe booklet for cancer patients who want to put on weight.
- Living with secondary breast cancer/advanced breast cancer.

Organized by: BACUP (subject to available funding).

"Smokebusters" clubs

To devise means of supporting the extension and development of "Smokebusters" Clubs in Scotland, UK and Europe.

Organized by Action on Smoking & Health (ASH Scotland).

Leaflet about smoking

ASH Scotland will publish a children's leaflet about smoking for 10-13 years olds. The leaflet is intended for use outside school.

Organized by Action on Smoking & Health (ASH Scotland).

Information package

Second edition of "About Face", Cancer Education for Nurses Information Package. Organized by Blithe.

Project on smoking and health risks

Organized by Bristol University.

Follow-up of the EC initiative exhibition at the Glasgow Garden Festival

Organized by West of Scotland Oncological Organisation.

Implementation of European Code against Cancer

Pilot study for use in European cities (April to October 1989). Organized by the Department of Social Medicine and the University of Birmingham.

Training Programme

For designated health personnel to use the teaching kit "Hopeful Facts about Cancer" in public education programmes.

Organized by the Regional Oncology Support Service (NWRHA).

Personnel Training

Special emphasis to training of designated personnel to use the teaching kit "Breast Self-Examination: A Habit for Life" and encouraging further districts to launch a three stage BSE teaching/learning programme.

Organized by the Regional Oncology Support Service (NWRHA).

Development of materials and approaches

For people in ethnic minorities, particularly where materials need to be translated into ethnic minority languages, and also in ensuring that presentations of health opportunities are geared to the cultural as well as the language needs of these minority groups. An obvious focus for this work is the breast screening by mammography programme.

Organized by the Regional Oncology Support Service (NWRHA).

Promotion of the inclusion of health promotion and behavioural thinking

At the planning stage of screening programmes as outlined in the 1988 conference "Setting up a Mammography Screening Programme".

Organized by the Regional Oncology Support Service (NWRHA).

9TH MEETING OF THE COMMITTEE OF CANCER EXPERTS OF THE EUROPEAN COMMUNITY

LONDON, 25-26 MAY 1989

Item 2a : Progress Report of the Programme as at 31 March 1989.

"EUROPE AGAINST CANCER" PROGRAMME: - PROGRESS AT 31 MARCH 1989

During the past year, implementation of the 1987-89 action plan of the Europe against cancer programme has been generally positive in each of the four areas covered by the programme: prevention, training, information and health education and research. (Cf also the preceeding reports COM(88)239 final of 16.09.88 and SEC(88)1927 final of 14.12.88)

I. PREVENTION AND SCREENING

A. CAMPAIGN AGAINST SMOKING

1. Two new community documents have completed the set of initiatives launched in 1987:

   a) Banning smoking in public places

   In December 1988 the Commission adopted a draft Council Recommendation on banning smoking in public places (OJ C 32, 8 February 1989, p. 9). This draft Recommendation has already been scrutinized by the Council and Parliament. It could be adopted by the Council in May 1989.

   b) Limiting tobacco advertising

   In March 1989, the Commission adopted and sent to the Council a proposal for a Directive on limiting advertising for tobacco products (COM(89)163).

2. As far as the preceding community initiatives are concerned, one might note that the European Parliament has adopted in December 1988 its opinion on the directive proposal concerning the labelling of tobacco products. On the basis of this opinion, the European Commission has adopted in December 1988 a modified proposal (doct.COM(88)845 final); this should allow the Council to adopt a common position on May 16, 1989.

3. The colloquium on tobacco prevention, which was organised in Madrid on November 1988, by, the European Commission, WHO and the Spanish Health Ministry, has examined 8 reports available on request. Other studies have also been launched in 1988 .

B. FIGHT AGAINST OCCUPATIONAL CANCERS

1. The Council Directive on the protection of workers by the banning of certain specified agents and/or certain work activities (Fourth individual Directive within the meaning of Article 8 of Directive 80/1107/EEC) was adopted by the Council on 9 June 1988 (OJ L 179,9 July 1988, p. 44). This directive deals with substances causing bladder cancers (2-naphtylamine, 4 aminobiphenyle, benzidine, 4 nitrodyphenyle).

2. Proposal for a Council Directive on the protection of workers from the risks related to exposure to carcinogens at work (sixth individual Directive within the meaning of Article 8

of Directive 80/1107/EEC): the Economic and Social Committee delivered its opinion on 2 June 1988 (OJ C 208, 8 August 1988, p. 43) and Parliament could issue its opinion in May 1989.

C. IMPROVING THE DIET

The results of retrospective studies on the link between food and cancer, cofinanced by the programme, will be available from the end of 1989. An exploratory prospective study on "food and cancer" conducted by the International Agency for Community, has also been launched. France, Spain and Italy are currently taking part in the study and in 1989 they will be joined by the Federal Republic of Germany, Greece and the Netherlands.

D. SISTEMATIC SCREENING

1. In 1988 a European network of pilot programme for screening breast cancer was set up. Initially it involves Portugal, Spain, Greece, France and Ireland. It will be completed in 1989. A similar network of pilot programmes for screening cancer of the cervix will be launched in 1989.

2. A sub-committee of experts on screening for cancer of the colon and the rectum was set up at the beginning of 1989 to assess the effectiveness of existing programmes.

II. TRAINING HEALTH STAFF

A. INITIAL TRAINING

1. The three Advisory Committees on the training of doctors, dentists and nurses issued their opinion of the cancerology content of the various university curricula concerned. The main conclusions should be published in the second quarter of 1989.

2. Following the "Consensus" conference organized by the Commission and EORTC (European Organization for Research and Treatment of Cancer) in May 1988, a draft oncology programme for the basic training of medical students has been drawn up and sent to all interested parties.

B. IN-SERVICE TRAINING

1. Fifty oncology training grants have been awarded to doctors or nurses who wish to attend the 1989 seminars at the European School of Oncology in Italy.

2. Similarly, health staff involved in the breast cancer pilot screening network will be able to attend training seminars in 1989,, in Utrecht (Netherlands), which is one of the leading centres on the subject.

3. The first European handbook for general practitioners (on lung cancer) has been sent to a range of GPs for their assessment. A second manual on breast cancer is being drawn up with the assistance of the top European specialists in the field.

III. INFORMATION AND HEALTH EDUCATION

A. INFORMING THE PUBLIC

1. The "European Anti-Cancer Week" from 1 to 8 May 1988 went off well. Since then attention has focused on the "European Cancer Information Year" in 1989. To this end, a number of preparatory meetings have been organized with the main partner networks in the "Europe against Cancer" programme.

2. Preparation of "European Cancer Information Year"

In 1988, the broad thrust of national programmes of activities for 1989 were established, plus a calendar of European events. These incude:

- January and February 1989, press conferences in the capitals of the twelve Member States to launch the European Cancer Information Year.
- publication (in January, June and September 1989) of the results of the three surveys on awareness and implementation of the "European Code Against Cancer" by the general public, GPs and teachers.
- several European seminars and congresses on cancer.
- production of various European television programmes, which will be broadcasted on several channels from May 1989 on the following topics: skin cancer, occupational cancer, breast cancer, dissuading young people from smoking, cancer treatment, living with cancer.
- sports events (cycle rallies, marathons) in the various capitals to promote the European Code by stressing the links between a healthy life and reducing the risk of cancer.
- mobile exhibitions (using trains, buses and marquees) on the European Code and the treatment and prevention of cancer from June to October 1989.
- a repeat "European Anti-Cancer Week" from 9 to 15 October 1989, with plans for a Eurovision programme.

3. As for national measures with a European dimension, these will mainly involve circulating the "European Code Against Cancer" as widely as possible.

B. HEALTH EDUCATION

The end of 1988 and the first quarter of 1989 were used to prepare the following two European events:

1. A European congress on "The role of anti-cancer organizations in health education" which will be held in April 1989 in Viterbo, Italy.

2. A European conference on teaching cancer prevention in schools, which will be held in November in Paris.

IV. CANCER RESEARCH

Implementation of the fourth programme to coordinate medical research into cancer has continued.

1. European study awards to encourage the mobility of cancer researchers

   In 1988, fifty grants were awarded to young scientists wishing to spend up to two years in another State or participating in this action.

2. Continued cofinancing by the Community of research into environmental carcinogenic factors

   Three major European projects were under way in 1988:

   - genetic effects of chemical products present in the environment.
   - bio-monitoring of human beings exposed to chemical geno-toxic products
   - continuation of work to determine the carcinogenic risks of abestos fibres modified by several physico-chemical treatments.

3. First move to coordinate European medical research into passive smoking since January 1989.

4. Continued coordination of European medical research into automated analysis of tissues

   An initial project concerns analytical cytometry for clinical purposes. A new proposal setting out two major approaches was approved in November 1988.

   A second project involves automated evaluation of chromosomic anomalies.

5. Continued coordination of European research into medical imagery

   A new project on tissue characterization with the assistance of spectroscopy (MRS) and imagery (MRI) by magnetic resonance was approved in June 1988.

   Another project on tomography by the emission of positrons (TEP) in the study of cell regeneration and degeneration was approved in November 1988.

6. Stepping up coordination of European research into the clinical treatment and control of multicentre therapeutic trials

   The support given to EORTC and its data centre was increased in 1988. In addition, the Eurocode data-processing network which facilitates direct communication with oncologists and their participation in EORTC clinical trials, has been improved by the installation of peripheral nodes in the United Kindgom, France and the Netherlands.

At the same time, it has been decided to use the Petten reactor (Joint Research Centre, Netherlands) to establish a pilot centre for the treatment of certain malignant brain tumours (gliomas) by improved radiotherapy based on capturing neutrons by injecting boron into the tumour. The Commission also organized a seminar from 3 to 5 November 1988 on the potential value of the radiotherapy of cancers using light ion beams.

7. Community cofinancing of research into targeting anti-cancer drugs

   In 1988 a project began called "Treating cancer by targeting drugs by means of neocarzinostatine", designed to establish a series of couples combining neocarzinostatine and monoclonal antibodies, the tumoral specificity of which will have to be tested *in vitro* and *in vivo*.

8. Community cofinancing of research into cancer in the tropics, the Community now finances in the tropics.

* * *

In December 1989, a detailed report on the implementation of the first action plan of the "Europe against Cancer" program will be submitted by the European Commission to the other institutions.

H

COUNCIL OF HEALTH MINISTERS - 16 MAY

LABELLING DIRECTIVE

BACKGROUND

This directive was proposed under the Single European Act, with the rationale that harmonisation of labelling on tobacco products was necessary to ensure that there is free movement of such products after 1992 (ie that products from one country are not discriminated against in another country because they do not carry the correct health warning).

The directive is legally binding on the UK.

We have put our objections forward as strongly as possible but the Single European Act accepts the principle of majority voting.

No decision has been taken on the question of a challenge to the EEC's decision.

LINE TO TAKE

It must be emphasised that the Government is in wholehearted accord with the health objectives of the Directive.

Our objections were based on the following points:

1) The Directive goes beyond what is needed to achieve the free movement of tobacco products. It addresses detailed questions of public health where the Community does not have competence. These matters are best dealt with at a national level.

2) Over the past seventeen years the Government has entered into a series of successful Voluntary Agreements with the tobacco industry dealing with labelling, advertising and promotion. Legislation on this area would endanger the future of of this voluntary approach.

3) We regard the Directive as over prescriptive. It specifies the size position and wording of the Health Warnings and we do not believe such detail is either necessary or desirable. There have, for example, been problems of translation into the various community languages.

SMOKING: Q AND A BRIEFING

Q1. Why Not Ban Smoking In Public Places As Has Been Done In Belgium?

A1. Restrictions on smoking in public places are more common than they used to be. They have generally been introduced in response to pressure from the people who use these places. This seems the best way to proceed rather than coerce people through a blanket ban. We encourage those responsible for the management of public places to make provision for non-smokers.

Q2. Why not ban smoking on public transport?

A2. Bye-laws under existing legislation are already available to ban smoking in public transport. The recent ban on smoking on London Transport trains (introduced on safety grounds) is an example of how bans can be introduced. British Airways are also considering experimenting with a ban and Air UK have already introduced bans on many routes. I look forward to further provisions for the two-thirds of travellers who are non-smokers.

Q3. Are The Government Going To Implement The Recommendations Of The Froggatt Report?

A3. The recommendations cover a number of areas. Some are easy to implement. The Report recommends a continuation of government policy on tobacco product modification whereby the amount of harmful constituents in tobacco smoke has been reduced. we will be discussing further reductions with the tobacco industry. The Report also recommends publicising the risks associated with smoking. Our efforts in this area, together with the Health Education Authority, will continue and we will bear in mind the Committee's recommendations as we develop our campaigns. Other recommendations (passive smoking and the protection of non-smokers) cover the responsibilities of a number of Government departments and we will be considering how best to carry them forward.

Q4. Why Not Ban Smoking At Work?

A4. The Government encourages employers to make provision for the two-thirds of people who are non-smokers. Some employers have introduced total bans. These can be successful if they are properly introduced, following consultation and negotiation with the workforce. The HEA and ASH can offer some excellent practical advice on how to do this. This seems a much better way to make

TEENAGE ANTI SMOKING CAMPAIGN

Why have a campaign?

Smoking is the largest preventable cause of death in the UK. It accounts for nearly 300 deaths per day, mainly from lung cancer and heart disease. High level of concern about level of smoking amongst young teenagers, particularly girls. In 1986 30% of fifth form girls and 19% of fifth form boys were regular smokers. Overall 12% of girls and 7% of boys aged 11 to 15 were regular smokers in 1986.

Why have a campaign now?

Always a good time to have a campaign. But this year is particularly appropriate. 1989 "Europe Against Cancer Year" and the "Look After Your Heart" campaign is also currently in progress.

Why have a campaign aimed at teenagers?

The vast majority of people start smoking before they are 18. It is difficult to stop smoking once you are addicted. Therfore it makes sense to get to people before they have started smoking.

Who will run the campaign

It will be carried out by the Health Education Authority under the joint management of the Department of Health and the HEA.

What will the campaign do?

The campaign aims to halve the numbers of smokers aged 11 to 15 by 1993 from the current level of 10% to 5%. The campaign will include both school programmes and mass media. The precise plan is being discussed by the Department and the Health Education Authority.

When will it start?

This year.

How much will it cost?

£2.2 million per year. £2 million from the Department of health and £200,000 from the Health Education Authority.

How long will it run?

It is hoped it will run for five years. Initial committment is for three years.

I

HEALTH EDUCATION AUTHORITY: PLANS AND ACTIVITIES RELATING TO EUROPE AGAINST CANCER YEAR.

1. INTRODUCTION

1.1 The purpose of this note is to outline below the main activities planned by the HEA, where appropriate in conjunction with other bodies, regarding Europe Against Cancer Year.

1.2 The plans outlined below are at various stages of progress and implementation. Wherever possible timescales have been provided for implementation and the "Lead Officers" have been identified to facilitate direct communication and liaison.

1.3 The appointment of a Senior Development Officer (Cancer Prevention) is imminent. This appointment, which is being undertaken in co-operation with The Cancer Research Campaign, will enable full and vigorous participation by the HEA in all future co-ordinatitive and developmental activities in this field. The primary purpose of this appointment is to ensure that the fullest possible liaison and co-ordination is built up, not only within the HEA between various activity centres, but also with all relevant outside agencies who are taking part in EACY.

2. ACTIVITIES TO BE UNDERTAKEN THROUGH FUNDING FROM THE EUROPEAN COMMISSION, IN CONJUNCTION WITH THE HEALTH PROMOTION AGENCIES IN WALES, SCOTLAND AND NORTHERN IRELAND.

A full programme - comprising of the Promotion of the Role of Health Professionals; Exhibition Development; Workplace Programmes; Publicity Campaign; Smokebusters Conference; and a Consensus Conference - for which a sum of £202,000 has been requested and agreed, is now being implemented. A full description of this is available in the submission prepared by the Health Promotion Authority for Wales on behalf of the four UK Health Promotion Agencies.

3. HEA activities funded by the Department of Health in support of Europe Against Cancer Year.

A sum of £1,000,000 has been allocated for the calendar year 1989 by the DoH and a wide range of activities are being planned. The EACY logo or some other suitable acknowledgement will be displayed on all materials funded out of this allocation. The events and launch dates of all appropriate materials will coincide, as far as appropriate and possible, with the timetable linking activities to the ten point EACY code.

3.1 Cancer prevention within the LAYH setting:

A media campaign is planned to co-incide with the October Information Week, highlighting cancer prevention messages within the on-going LAYH programme.

This is likely to take the form of advertisements in newspapers, magazines and the use of other appropriate media slots, drawing the attention of the public to the EACY and what can be done within the overall framework of taking better care of one's health. Project Officer: Paul Lincoln

3.2 National Drinkwise Day Campaign aimed at GPs: With the endorsement of the Royal College of General Physicians, a general leaflet about alcohol and health is being produced. This describes the issues relating to patients' drinking and general practice, general information about alcohol and outlines what National Drinkwise Day is about. GPs are being asked to provide practical assistance by displaying posters in their surgeries and a leaflet is also being produced for distribution through GPs to patients. As well as English, the posters will incorporate sensible drinking information in selected Asian languages. Distribution will be facilitated through every surgery and not GP) and it is planned that the posters and leaflets will be available by mid June. Project Officers: Victoria Fitch and Dave Arnold

3.3 Skin Cancer Campaign: The target audience here are British holidaymakers in the most popular Mediterrean and Southern holiday resorts with special emphasis on young female adults. A three month campaign, beginning in June, will advertise the dangers of over- exposure to sun and the possibility of skin cancer in the most widely read magazines and inflight journals relating to the target audience. Arrangements are also being made to distribute a simple leaflet through all Pharmacies, giving basic advice with a firmly preventative focus. The text is designed deliberately to emphasise the fact that most skin cancers are curable if detected early and easily preventable. Reference will also be made to a Cancer Research Campaign leaflet which is due out shortly giving more detailed information on this widely misunderstood, and sometimes controversial subject. Project Officer: Karen Ruskin.

3.4 EACY Postmark: In conjunction with the Post Office, plans are being developed to design and implement postmarks carrying suitable messages. The central aim of the project is to increase the profile of Europe Against Cancer Year in accordance with the 10 point code. For a period of three to four months around the October EACY information week, all letters, posted in letter district offices in England will carry postmarks bearing appropriate messages and acknowledgement to the impact made by EACY. This will ensure that, leading up to the Christmas postal rush period, a very high proportion of postal users receive appropriate messages relating to EACY. Project Officer: Sandy Wilson.

3.5 UK Action Plan Conference: In conjunction with the UKCCR, CECG and other relevant bodies, a Health Education Action Plan Conference on general cancer prevention will be organised. The timing of this again will co-incide as far as possible, with the

October information week. Its principal aim will be to develop an action framework for future implementation and use by health educationalists in cancer prevention. The work here will build on the preliminary activities undertaken by the CECG, in particular Professor Jim McEwan and others, upto the end of 1989. The HEA will be working closely with CECG in the implementation of this particular project. Project Officer (temporary; pending the appointment of a full time Senior Development Officer: Cancer Development) John Huntington

3.6 Cancer Prevention Information Leaflets and other materials.

A variety of leaflets and other materials are planned, wherever possible, to coincide with the different phases of the EACY and the 10 point European Code.

3.6.1. Cancer Screening: Focusing on Breast and Cervical Cancer Screening and exploring related issues, the material will link to other aspects of general health through the ten point European Code: Smoking, Alcolhol, Diet, fitness, stress and so on. The new material will be carefully developed to take account of cultural sensitivities and to be appropriate to Britain's multi-cultural society so that effective translations into ethnic minority languages can be achieved. This should help to increase the uptake of the screening services amongst those least likely to attend and therefore often at greater risk. A series of collaborative exercise to widen the availability of other excellent health education materials produced by voluntary sector agencies will also be undertaken. These will cover, for example, resources for women who have an abnormal smear and to complement and support campaigns for women to attend necessary programmes. Project Officer: Julie Cook

3.6.2. Briefing Paper on Diet and Cancer: The paper will explore links between Diet and Cancer and discuss problems of interpretation. It is being developed in conjunction with experts in the Medical Research Council and within the DoH and it is hoped to have the appropriate material ready for distribution by August. Scientific and technical data will be summarised simply and concisely to present a synopsis of firm associations between diet and cancer; suspected associations; and weak/non-existent associations. The conclusions and other information will be linked to concepts of healthy eating and drinking. The target audience would be a wide range of health professionals, particularly primary health care personnel. Project Officer Lynn Stockley

3.6.3. Guide to Cancer Prevention: Following the success of the existing booklet entitled "Can You Avoid Cancer?", further reprints will be undertaken linking the contents and publication of the booklet to the EACY. Discussions are being initiated with appropriate cancer prevention /health promotion bodies within the voluntary and statutory sectors to investigate the need for other appropriate short leaflets. Such materials will be developed on a collaborative basis with the relevant agencies within resource constraints. Project officer: John Huntington (pending the appointment of a full time Senior Development Officer - Cancer Prevention)

4. Apart from the ideas and projects outlined in the foregoing section, the HEA would also welcome suggestions for other possible materials which could be developed to promote EACY on a collaborative basis with other agencies.

J K Baksi - Manager Adult and Family Health Programmes

16 May 1989

UNITED KINGDOM CO-ORDINATING COMMITTEE ON CANCER RESEARCH (UKCCCR)

PROJECTS ENDORSED BY THE STEERING GROUP
MARCH 1989

NAME	PROJECT	SUM	
		EEC (ECUS)	UK (£)
CECG	A district plan for health education in cancer control	-	10,000
Scottish Committee Action on Smoking and Health	To devise means of supporting the extension and development of Smokebusters clubs in Scotland, UK and Europe	9,000	6,000
Marie Curie Memorial Foundation	Cancer patients and their families at home	15,565	-
Cancerlink	The needs of ethnic minority groups and migrant workers	10,250	6,661
CECG	Development of cancer awareness package for use as a workshop in teacher training	9,000	6,000
West of Scotland Cancer Surveillance Unit	Proposal for public awareness campaign at Glasgow Garden Festival	-	2,000
West of Scotland Oncological Organisation Education of the Public On Cancer Group	Follow-up of the EEC Initiative exhibition at the Glasgow Garden Festival	8,343	5,489
Ulster Cancer Foundation	Campaign to support smoke-free environment in Northern Ireland	9,000	6,000
Cancerlink	Resource Pack for Cancer Support and self-help groups	10,125	-
Bristol University	Smoking and health risks	?	?

NAME	PROJECT	SUM	
		EEC (ECUS)	UK (£)
Elithe	Second edition of information pack	-	6,000
Health Services Research Centre, Birmingham University	Implementation of European Code Against Cancer - pilot study	16,072	-
Channel 4	Follow-up booklet to series of TV films on cancer	18,000	-
BACUP	Free-phone Cancer Information Service	18,000	-
National No Smoking Day Organisation	Distribution of literature for National No Smoking Day, 8 March 1989		7,000
BMA	Guide for Action on Tobacco and Health	18,000	
CECG	Living with Cancer - Handbook for Health Care Professionals	-	35,000
CECG	A Co-ordinated UK Health Promotion Plan for Cancer	312,011	-
British Postgraduate Medical Federation	A new technology for medical television in European oncology	17,000	
British Postgraduate Medical Federation	ESMO/ESSO/ESTRO Teaching Course in Oncology, London, 1-2 September 1989	20,000	
BMA	Video package	70,000	
		TOTAL	TOTAL
		560,366	90,150

CANCER SERVICES

HPSS SUMMARY FACT SHEET NO C2

Existing Policy

Cervical cancer screening for women aged 20 to 64 at least every five years.

Breast cancer screening for women aged 50 to 64 every three years: nationwide service by 1990.

Health authorities to plan and provide services for the terminally ill in collaboration with the voluntary sector.

Recent Issues

Computerised call and recall systems for cervical cancer screening implemented in all DHAs. Most met target date of 31 March 1988, remainder implemented in April.

Frequency of cervical cancer screening: priority is increasing take-up rates before considering reducing interval from 5 to 3 years.

Radiotherapy: Health Authority poposals to close smaller units (eg Southend) rejected by Ministers; recommended minimum catchment population reduced from one million to two thirds of a million.

Prevention: report on passive smoking. European Cancer Week 1-7 May 1988 and Year 1989.

Key Data

Deaths 1987 (UK):	all cancers	158,788
	lung cancer	40,187
	breast cancer	15,294
	(88% aged 50+)	
	cervical cancer	2,128
	(93% aged 35+)	

Cervical cancer (1986 England and Wales latest available figures):

3.9 million smears, up one million since 1978. 2,004 deaths, down 7% (and death rate per million women aged 20-74 down 11%) since 1978.

Terminal care: over 100 hospices, mostly independent, and 250 home care and support teams, mostly NHS; more than doubled since 1978.

October 1988

mw/8712a

Bone marrow transplants: 450 in 1986, compared to fewer than 30 in 1978. Targets of 550 pa by 1990.

Breast cancer screening: 17 centres (April 1988); about 100 by 1990; £55 million provided over 3 years to 1989/90.

BULL POINTS

FIRST COUNTRY WITHIN EUROPEAN COMMUNITY TO HAVE COMPREHENSIVE CERVICAL CANCER SCREENING SERVICE BASED ON COMPUTERISED CALL AND RECALL.

FIRST COUNTRY IN THE WORLD TO ANNOUNCE INTRODUCTION OF NATIONWIDE BREAST CANCER SCREENING SERVICES.

FIVE YEAR SURVIVAL RATES FOR CHILDREN WITH CANCER IMPROVED TO 60% FROM 50% IN 1978 (AND 40% IN 1970).

MISS P WINTERTON
HSA
A422 AFH
Ext 7248

(S28Nov)

CERVICAL CANCER SCREENING PROGRAMME

Bull Points

First country within European Community to have comprehensive cervical cancer screening service based on computerised call and recall.

Computerised call and recall systems implemented in all DHAs. Most met target date of 31 March 1988, remainder implemented in April.

Exercise represented an enormous achievement. Involved computerising over 35 million individual FPC records, providing 750 VDU terminals, and represented an investment of £10 million.

Cervical cancer screening made a priority to ensure all women aged 20-64 have the opportunity and are encouraged to be screened at least every 5 years.

All women aged 20-64 will be brought into the scope of the programme over the next five years.

DHAs are to ensure that adequate facilities are available for the prompt investigation, treatment and follow up of women whose smears show that this is necessary. Particular attention should be given to the provision of colposcopy and it is important that women are also offered counselling and support.

The cervical cancer screening programme will make a major contribution to the health of women in this country.

Elephant Traps

Screening interval: 5 yearly recall criticised as being too infrequent

Priority must be given to increasing take-up rate before considering reducing interval between tests from five to three years. The greater the proportion of women screened the greater the number who will benefit from the programme.

Funding

No resources have been earmarked. Health authorities are required to implement their programmes within the overall money allocated to them. (Comparison with breast cancer screening programme which has specific resource allocation). Breast cancer screening programme is an entirely new service, a mass screening programme for cervical cancer has existed since 1966.

Laboratory backlogs

About 75 per cent of laboratories are meeting the target time of one month (September 1988 data - the latest available). Action taken to reduce backlogs include overtime working, employment of additional staff, use of other laboratory facilities within NHS and private sector.

Statistics

UK deaths from cervical cancer in 1987, 2,128. (93 per cent aged 35 and over).

Number of smears in England and Wales up more than one million since 1978 to 3.9 million in 1986 (latest available figures). Some 37,000 are 'positive' indicating that the woman is at risk of developing cancer.

Deaths from cervical cancer have fallen by 14 per cent in the last 10 years.

Five-yearly cancer screening can reduce deaths among women screened by 84 per cent. Three-yearly screening by 91 per cent (from studies by the International Agency for Research in Cancer)

BREAST CANCER SCREENING PROGRAMME

Key Points

First country in the world to launch a nationwide breast cancer screening programme. It is an entirely new service.

Computerised call and recall will invite women aged between 50-64 to be screened by mammography every 3 years; screening for older women will be available on request.

Regular screening of women in this age group should eventually reduce their deaths from breast cancer by one third.

Programme is being implemented over the 3 years to 1990 to allow time to train staff and provide backup facilities for diagnosis, treatment, counselling and aftercare

Programme is modelled on recommendations of the Forrest working group set up in July 1985. In February 1987 the Government announced acceptance of the report and the setting up of a breast cancer screening programme throughout the UK.

Each of the 14 English RHAs has established at least one screening centre. Plans for extending the service nationwide are well advanced. An announcement on the location of the remaining screening centres is expected shortly.

About 100 screening centres are anticipated (including mobile caravans for some areas) each serving a population of half a million.

Funding Between 1987-88 and 1989-90 on current plans, nearly £55 million will have been provided to set up and run the programme.

Elephant Traps

Screening women under 50

Forrest Report concluded that there was insufficient evidence to show that a mass population screening programme for women under 50 is effective in significantly reducing mortality from breast cancer

Women under 50 will not be invited for routine screening, but younger women at special risk may be offered mammography if referred by their GP.

The UKCCCR has recently established a working party to make recommendations on how to carry out further research on this important matter.

Announcement of location of remaining screening centres

Original expectation was for an announcement in July. Details of remaining centres were contained in the RHAs' Integrated Planning Statements which were received in the Department during the summer/autumn of 1988. Ministers have given an undertaking to announce these details to Parliament.

Results of The UK Trial of "The Early Detection of Breast Cancer"

First results on reduction in mortality (14-20 per cent) are smaller than that seen in overseas trials. Results, however, indicate the importance of maximising the participation of eligible women in screening and of having a high quality screening programme.

Statistics

UK deaths from breast cancer in 1987, 15,294.

About 13,000 (88 per cent) in women aged 50 and over.

24,000 new cases reported each year.

1466A.

DEPARTMENT OF HEALTH AND SOCIAL SECURITY
Richmond House, 79 Whitehall, London SW1A 2NS
Telephone 01-210 3000

From the Secretary of State for ~~Social Services~~ Health

Dominic Morris Esq
10 Downing Street
LONDON SW1A

22 May 1989

Dear Dominic

COMMITTEE OF CANCER EXPERTS OF THE EUROPEAN COMMUNITY: MEETING WITH THE PRIME MINISTER AT 4.45 ON 25 MAY 1989

The Prime Minister has kindly agreed to meet the European Cancer Experts at 4.45pm on 25 May at Downing Street for an informal discussion of 30-45 minutes.

The Experts are in London for one of their regular meetings, which will be opened at 10.00am on the same day by Sir Donald Acheson, the Chief Medical Officer. The Secretary of State will host a dinner for them at 7.30pm on 25 May at Lancaster House. The venue for the meeting has been changed from the Queen Elizabeth II Centre to the International Hotel, Knightsbridge, following a last-minute and fortuitous discovery that the former had been simultaneously booked by British America Tobacco.

The Committee's job is to advise the European Commission on the formulation and implementation of the Europe Against Cancer programme. The aim of the programme is to reduce expected cancer mortality across Europe by 15 per cent by the year 2000, that is, by 150,000, through cooperation in the field of prevention (including screening), information, professional training and research. The Committee produced a 10 point code on cancer prevention for the public. This is the focus for the European Year of Information on Cancer, which the Prime Minister launched in the UK on 25 January.

The Committee will be considering progress to date with the First Action Plan (1987-89) and the detailed formulation of the Commission's Second Action Plan 1990-94. An outline of the latter has just been published. The strategy is the same, but the proposed investment rises from about 18M ECU to 55M ECU and the balance of activity would shift from information to prevention (studies of nutrition and screening) and professional training (exchanges of trainees and materials). There would also be more investment in treatment research, notably in the field of radiotherapy. All this depends on Ministers' funding approval, to be sought by the end of 1989.

F[illegible]R.

The Committee will be getting a report from the Commission on the EC Health Ministers' meeting on 16 May, at which the UK opposed the Directive on tobacco labelling. A background note is at Appendix H.

I enclose some suggestions for introductory remarks, notes on the programme and personalities, and background briefing material.

Yours ever

Flora

FLORA GOLDHILL
Private Secretary

COMMITTEE OF CANCER EXPERTS OF THE EUROPEAN COMMUNITY MEETING WITH THE PRIME MINISTER ON 25 MAY 1989

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Covering minute - left hand side

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H: Tobacco: the Labelling Directive

I: Health Education Authority: Cancer Projects

J: Factsheets on UK cancer services
breast screening
cervical screening

1464A

COMMITTEE OF CANCER EXPERTS OF THE EUROPEAN COMMUNITY MEETING WITH THE PRIME MINISTER 25 MAY 1989

NOTES FOR INTRODUCTORY REMARKS

1. Welcome to London for your 9th meeting.

2. The aim of the Europe Against Cancer initiative that you have set and we as a member state have agreed is a formidable one - to reduce the roll of cancer deaths by 150,000 - 15% - by the year 2000. As I said in launching the European Year of Information on cancer in January, it is an enormous challenge which we in Britain wholeheartedly support.

3. The sharing of our talents, our information and our experience, which your Committee represents, is an example of what the Community really can do well. As far as fighting cancer is concerned, we cannot afford not to do well. The work you are doing and encouraging is of the utmost importance.

4. Today and tomorrow, you will be looking back at what has been achieved so far, and how to carry the initiative forward in future years. Perhaps the most important achievement so far has simply been to mobilise the vast army of actors - the professions, the public, the media, charities and so on - who are or who should be concerned with cancer, of getting it firmly on their agendas. The challenge for this year and the future is to coordinate their efforts in a common task. Without impact and relevance, our message will not get through and bring about the permanent changes in behaviour on which our success depends on crucially. That is why I am pleased to see that the activity this year is focussed on disseminating the excellent European Code you have produced to specific audiences, such as teachers, gps, younger people, and employers.

5. I believe we in Britain have much to offer and to learn. We shall want to share with you our developing experience of our comprehensive screening programmes for breast and cervical cancer, and join with you in our search for effective methods of screening for major killers such as colorectal and ovarian cancer. In the fields of information, we have provided an additional £3m to enable our Health Education Authority to launch a programme aimed at halving teenage smoking by 1993, and to take forward a comprehensive package of other education initiatives to complement the European programme. This, too, will generate experience that we shall want to share with our partners. In the field of research, we are supporting a major trial to evaluate a new technique in radiotherapy - continuous hyperfractionation - which other countries will follow with interest. More generally, our major cancer channels, who already make a colossal investment in research, are stepping up their fundraising efforts. I am delighted therefore to hear of the interchange of ideas, of personnel and of information across Europe that you have been seeking to encourage. I very much hope it will continue and grow.

6. Finally let me wish you every success in keeping up the momentum you have helped to generate. I look forward to learning in due course how the Commission plans to respond to the advice you are now formulating.

(D19May) B

COMMITTEE OF CANCER EXPERTS OF THE EUROPEAN COMMUNITY: NINTH MEETING ON 25 AND 26 MAY 1989 IN LONDON

PLANNED PROGRAMME/AGENDA

24 May pm	Most delegates arrive at Royal Westminster Thistle Hotel, SW1
25 May	
10.00 am	Delegates welcomed by the Chief Medical Officer, Sir Donald Acheson, at the Intercontinental Hotel, Hamilton Place.
	Meeting commences [Draft agenda is attached]
11.30 am	Coffee
13.00 pm	Lunch
14.30 pm	Meeting resumes
15.30 pm	Tea
16.30 pm	Depart for 10 Downing Street
16.45 pm	Arrive at 10 Downing Street
17.30 pm	Depart for Hotel
19.15 pm	Depart for Lancaster House
19.30 pm	Dinner, hosted by the Secretary of State for Health (Also invited are: Professor Sir Raymond Hoffenberg; Sir Donald Innes Williams; The Lord Jellicoe; and Sir Donald Maitland. It is envisaged that Sir Donald Acheson and the Permanent Secretary, Sir Christopher France, will be attending too.
as required	Depart for Hotel
26 May	
9.00 am	Meeting resumes
10.00 am	Coffee
13.00 pm	Lunch
as required	Delegates depart

Facilities

The following facilities are being provided by the Department of Health: conference services, including simultaneous translation into French, German, Portugese and English, working lunches and refreshments, and transport to and from the official functions. Delegates travel and subsistence costs will be met by the Commission.

9TH MEETING OF THE COMMITTEE OF CANCER EXPERTS
OF THE EUROPEAN COMMUNITY
London, 25-26 May 1989

DRAFT AGENDA

25 May 10.00 — 0. Opening of the meeting by Sir Donald Acheson, Chief Medical Officer.

10.00 - 13.00 — 1. Adoption of the agenda

2. State of the programme at Community level (+/-60')
   a) Documents adopted by the European Commission (M. Richonnier)
      [Directive on advertising, proposal for Council decision on the action plan 1990-94 - COM(89)210/2, progress report - SEC(89)..]
   b) Results of the Council of Ministers of 16 May 1989 (M. Richonnier)
   c) Report on the meeting between the associations and leagues and the European Parliament on 24 May 1989 in Strasbourg (M. Richonnier)
      [Programme of the European Year]

3. <u>Labelling of tobacco products other than cigarettes</u>
   Reply of the Committee to the request for consultation of Vice-President Marin (+/-30')
   a) Definition of problem (M. Richonnier)
      [Copy of letter of Vice-President Marin]
   b) Exchange of views (All)
   c) Conclusion (Prof. Tubiana)

4. <u>Prospective studies on nutrition and cancer</u> (+/-30')
   a) Current situation (Dr. Tomatis)
      [Note of Dr. Tomatis]
   b) Exchange of views (All)

5. <u>Screening</u> (+/-30')
   a) Results of the meetings of the ad hoc groups on breast, cervix and colorectal cancer (Prof. Estape and Dr. Vanvossel)
      [Minutes of meetings]
   b) Results of the study on "Economic evaluation of screening of breast and cervix cancer" (Dr. Vanvossel)
      [Summary of the study]
   c) Opportunity to draft recommendations on screening to the Council of Ministers (harmonisation of protocols, etc.) (All)

6. <u>Cancer registries</u> (+/-30')
   a) Recommendation of the ad hoc group on "Confidentiality and cancer registration" (Prof. Grundmann) [Minutes of the meeting, confidentiality code of the IARC]
   b) European Network of Cancer Registries. Progress report on working group (Prof. Moeller Jensen)
      [Report of Prof. Moeller Jensen]

25 May
14.30 -
16.30

7. Preparation of meeting with the British authorities (+/-30')

8. Training of Health Personnel: setting-up of a programme of mobility of Health Personnel (1990-1994).

9. Studies and actions in the field of prevention, early detection, health education and training
   a) Summary of the proposals financed in 1988 [summary document]
   b) Recommendations of the Subcommittee on Prevention and Early Detection (Prof. Moeller Jensen)
      [Minutes of the meeting of 16.03.89]
   c) Recommendations of the Subcommittee on Education and Training (Dr. Costa)
      [Minutes of the meeting of 7.04]
   d) Proposal for improving management of the subcommittees
      (Dr. Costa)
   e) Exchange of views on improvement of quality of proposals submitted in the framework of the programme (calls for tender, etc.) (M. Richonnier)

16.30

10. Meeting with the British authorities

* * *

26 May
09.00 -
13.00

11. Research (+/-45')
    Progress report on the Fourth Medical and Health Research Programme (M. Van Hoeck)
    [Report DG XII]

12. Information and Health Education (+/-30')
    a) Activity report on European Year (M. Richonnier)
    b) Specific problems in the Federal Republic of Germany (Prof. Grundmann)
    c) Colloquium "Education and cancer prevention" - November 1989 (Prof. Tubiana)
       [Note of Prof. Tubiana]

13. Action plan 1990-1994 (+/- 2h30)
    [Document SEC(89)648/2]
    a) General exchange of views (All)
    b) Discussion on the implementation of the sections
       . "Health education in schools"
       . "Training of health professions" (M. Richonnier)
    c) New radiotherapy treatments - BNCT and EULIMA projects
       (Prof. Tubiana and Bleehen)

14. Any other business

F. B

EUROPE AGAINST CANCER

JANUARY 25 1989 [updated May 1989]

MAIN CONTRIBUTIONS OF THE EUROPEAN COMMUNITY
"EUROPEAN YEAR OF INFORMATION ON CANCER"

I. PREPARATORY PHASE (1985-1988)

A) European Council

° May and December 1985, in Milan and Luxembourg: Requests the launch of a "Europe Against Cancer" programme

° December 1986, in London: Designates 1989 as the "European Year of Information on Cancer"

° December 1987, in Copenhagen: Receives officially the "European Code against Cancer" which becomes the cornerstone of the European information and awareness campaign

B) European Commission

° January 1986: Set up a Committee of leading cancer experts to advise it on the elaboration and implementation of the first action plan 1987-1989 of the "Europe Against Cancer" programme

° December 1986: Transmits to the Council of Ministers the action plan and a specific proposal concerning the European Year

For further information:

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° 1987-1988: Sets up several European networks which are closely associated with the implementation of the action plan and the promotion of the "European Code against Cancer" (Associations and Leagues against cancer; Anti-smoking Organisations; Associations of family doctors; Senior officials in the health education; Medical and scientific producers of the main TV channels; public relations agencies)

° 1-9 May 1988: Organises with the help of the above networks the first "European Week against Cancer" which served as a test for the European Year.

C) European Parliament

February 1988: Adopts a positive opinion on the European Commission's proposal concerning the "European Year of Information on Cancer".

D) Council of Health Ministers

31 May 1988: Adopts the European Commission's proposal and allocates 10 million ecus during 1988-1989 for the preparation and implementation of the "European Year of Information on Cancer".

II. IMPLEMENTATION PHASE (1989)

A) Elaboration and adoption of Community laws

The following two proposals will directly improve the information of European consumers:

- **Harmonization of the labelling of tobacco products,** with clear medical warnings based on the Irish model ("Smoking causes cancer"; "Smoking causes heart disease"; etc...). The Council of Health Ministers should adopt in May 1989 its common position on the European Commission's proposal of January 1988 on which the European Parliament gave a positive opinion in December 1988. The final adoption by the Council should occur in December 1989, after the usual second consultation of the European Parliament.

- **Harmonization of the rules on advertising for tobacco products in newspapers and magazines** based on the Irish and UK models which impose clear medical warnings on each ad. The European Commission's proposal should be ready in February 1989 and the Council of Health Ministers could adopt its common position in December 1989.

Information on cancer and on the European Code will also be promoted through press releases when several other European Commission proposals are discussed in 1989 by the Couincil of Health Ministers which should agree on them before the end of 1989:

- **Prohibition of high tar cigarettes** based on the Spanish and Portuguese models;
- **Prohibition of smoking in public places** based on the Belgian and Spanish models;
- **Protection of children against tobacco** based on the Irish and British models;
- **Second action plan 1990-1994** which will continue and improve on the first one

B) Publication of European survey results, focusing on the European Code against cancer during press conferences to be held in each country.

~~January~~ May 1989	"Europeans and the European Code against Cancer"
~~March~~ May 1989	"Family doctors and the European Code against Cancer"
September 1989	"Teachers and the European Code against Cancer"

C) European information actions taking place in all countries of the European Community.

May 1989: Promotion of the "European Code against Cancer" through popular sporting events to emphasise that certain cancers can be avoided through healthy lifestyles. In several countries, the participaton of former cancer patients will illustrate the last four European commandments and the fact that more cancers will be cured if detected early.

May to December 1989: in all countries of the European Community at least one of the six new Euorpean TV programmes will be broadcast:

- Occupational cancer in Europe (RTBF-Belgium) October
- A very European cancer (breast cancer) (YTV-UK) September
- How can you treat cancer? (YTV-UK) September
- Living with cancer (YTV-UK) September
- Cancer cured (ZDF-Germany) September
- Tanning not burning (Stratecom and BRT-Belgium) April
- Just say no (Youth against Smoking) (Stratecom-Belgium, RTE-Ireland) September

9-15 October 1989: "European Week against Cancer" in each country of the European Community. The successful test of 1988 will be renewed and improved on. A Eurovision TV programme should be broadcast in each country. [ITV will cooperate in a 1½ hour programme, with each country contributing 7-8 minutes, followed by a discussion or other national event]

D) Cofinancing of national actions which introduce a European dimension, notably to promote some or all of the European commandments against cancer among the general public and school children. All the above European networks of partners active in the fight against cancer have been mobilised. It should be mentioned that 25 million ecus would have been necessary to finance the European dimension of all the numerous and excellent projects which to date have been submitted to the European Commission, whereas only 10 million ecus were available. Therefore, several projects are still awaiting funding, some have had to be cancelled and in many cases the national actors have kindly agreed to increase their share of financing to cover almost the total cost of their action in favour of the European Year.

III. EVALUATION PHASE (NOV '89 - JAN 90)

The effectiveness of this European information and awareness campaign will be evaluated regularly and in particular with the help of Eurobarometer surveys.

New surveys will be conducted in April and November 1989 to evaluate the improvement in awareness achieved by each country.

A preliminary evaluation report will be published in December 1989, and the full report in January 1990.

EUROPEAN YEAR OF INFORMATION ON CANCER

Provisional Calendar of European Events
(as of January 1989)

This calendar lists events which involve most or all Member States of the European Community. In addition to these events, the following European TV programmes will be broadcast:

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- Cancer cured (ZDF-Germany); ready in August
- Tanning not burning (Stratecom and BRT-Belgium) ready in June
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January 1989 All Capitals	Press Conference to launch the European Year.
January 1989	Associations and Leagues against cancer of the European Code Against Cancer and, in certain cases, the brochure on the Europe Against Cancer Programme to all General Practitioners

December 1988 and **January 1989** All countries	Distribution to the general public, through the regular publications of the Associations and Leagues against cacner and the Organisations against tobacco, of information on the European Code Against Cancer and on the European Year of Information on Cancer.
January 1989 Certain countries	Repeat broadcast of the European TV programmes produced for the 1988 European Week Against Cancer: - Lifestyle and Cancer in Europe - Man and Cancer - Eurojim Against Crab Cancer
24-26 February 1989 Lisbon	European Colloquium "The Prevention of Cancer - Spreading the Message" - directed to professionals in health care and education
March-April 1989 All capitals	Press Conference - Presentation of Eurobarometer survey "Family doctors and the European Code against Cancer"
5-7 April 1989 Viterbo (Rome)	European Conference; "Health Education for Cancer in Schools" through Associations and Leagues against Cancer
May 1989 All countries	Popular sporting events will promote the European code against cancer and its main messages: "certain cancers can be avoided - more cancers can be cured if detected early".

	Some participants will be former cancer patients who have been treated successfully thanks to early detection
11-12 May 1989 Venice	European Conference "The state of the art in cancer prevention and therapy" for 100 medical journalists
25-26 May 1989 London	9th meeting of the Committee of Cancer Experts and Reception by the Prime Minister
May 1989	Council of Health Ministers
May-June 1989 Certain countries	Launch of mobile exhibitions (trains, buses, tents ...) on the European Code Against Cancer and cancer prevention and treatment
September 1989 Brussels	European Conference on telephone helpline on cancer
1st Week October 1989 All capitals	Press Conferences - presentation of Eurobarometer survey "Teachers and the European Code against Cancer" and the launch of the European Week
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October 1989 All countries	Publication of special issues of the Associations and Leagues against cancer and the organisations against tobacco on the European Year of Information on Cancer

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October 1989 Dublin	European Conference on methods of cessation of tobacco addiction
October 1989 Paris	European Conference "Health education about cancer in schools" for teachers and senior officials in education and health (Professor Tubiana)
November ~~**December**~~ **1989** Brussels	Council of Ministers of Health
January 1990 ~~**December 1989**~~ Stockholm	Congress of Nobel Prize winners in cancer-related fields
January 1990 All capitals	Publication of the evaluation report of the European Year of Information on Cancer

Obviously, many other national events including a European dimension will also be organised in 1989.

fax [illegible] A.F. Horan A 11/5 (1)
deskby 407-0656

EUROPEAN COMMUNITIES
THE COUNCIL

Brussels, 3 May 1989 (10.05)
(OR. f)

6289/89

RESTREINT

SAN 53

OUTCOME OF PROCEEDINGS

of: Permanent Representatives Committee

on: 2 May 1989

No. prev. doc.: 6244/89 SAN 50

Subject: Cardiovascular disease in the Community
- draft conclusions

1. On 3 May 1989 the Presidency submitted a note on cardiovascular disease in the Community [5195/89 SAN 24] which will serve as a basis for a general discussion of the matter in the Council.

In addition to that note, the Presidency submitted, on 19 April 1989, a draft of the conclusions which the Council and the Ministers for Health could adopt following their discussions [6047/89 SAN 42].

2. At its meeting on 2 May 1989, the Permanent Representatives Committee noted that:

- the DK delegation expressed a reservation on the text as a whole. It took the view that the Council should confine itself to the general exchange of views as originally planned;

- the D and UK delegations expressed reservations on point 4 of the draft conclusions;

- the other delegations supported (notably F and I) or agreed to the text.

The Chairman suggested that point 4 be amended.

The amended text of the draft conclusions is contained in the Annex hereto.

3

ANNEX

Draft

CONCLUSIONS

of the Council and of the Ministers for Health of the Member States meeting within the Council on 16 May 1989 concerning cardiovascular disease in the Community

THE COUNCIL OF THE EUROPEAN COMMUNITIES AND THE MINISTERS FOR HEALTH OF THE MEMBER STATES, MEETING WITHIN THE COUNCIL,

1. note that cardiovascular disease is one of the main causes of death in all the Member States of the Community, particularly in the active population;

2. consider that a number of preventive measures have already been put in hand for cancer and that these measures have an effect in preventing cardiovascular disease;

3. consider that further measures should be identified [and implemented;]

4. note with interest that the Commission is to investigate the best way of co-ordinating national measures in this area at Community level obtaining to that end the assistance of experts and of representatives appointed by the Member States;

   In carrying out this work the Commission should, in order to avoid duplication, take account of the work of other bodies in this area, particularly the WHO.

24. V. PM 10

CF

FILE
DA

10 DOWNING STREET
LONDON SW1A 2AA

From the Private Secretary

14 April 1989

Sometime ago we exchanged correspondence about the possibility of the EC Committee of 12 cancer experts seeing the Prime Minister when they were over for their annual meeting on 25/26 May.

I am writing to confirm that the Prime Minister has agreed to see them for 45 minutes at 1645 on 25 May.

(D.C.B. MORRIS)

Mrs. Flora Goldhill,
Department of Health.

EA

PRIME MINISTER

Some considerable time ago you agreed in principle to meet the EC Committee of 12 cancer experts when they were over for their annual meeting which is on 25/26 May this year. The Committee advise the European Commission on the formulation of the "Europe Against Cancer" programme. You met the UK expert, Professor Bleehen, when you launched the UK part of the European Year Against Cancer in January.

Your diary for that time is already fairly crowded (you are receiving the Freedom of the City on 26 May) but the experts could be squeezed in for 45 minutes or so in the late afternoon on 25 May after Questions. I attach the relevant page from the long-term diary.

Content to see them for 45 minutes when you get back from the House after Questions on 25 May?

Yes

DOMINIC MORRIS

12 April 1989

Thursday 25 May HOUSE RISES?

0830	Hair
0900	Questions Briefing Team
0930	Sir Y K Pao + CDP
1000	Cabinet

After	Keep free for speech + AT
1300	Lunch and Questions Briefing
1515	**QUESTIONS**
1545	**KEEP FREE FOR MPs**
1645-1730	Meet international cancer experts + DM? No. 10 Change
?	**KEEP FREE + JW and MLB** (Anniversary Reception at Carlton Club) **RETURN TO NO 10** Work on speech + AT

Friday 26 May

?	**RECEIVE FREEDOM OF THE CITY OF LONDON ?** **TO CHEQUERS ?**

PUBLICIS PR

19 January 1989

Mr Dominic Morris
10 Downing Street
London
SW1

Dear Dominic

Please find enclosed a programme of activities, a running order, speeches, press kit contents and support material for January 25. I hope everything is satisfactory and if you need any further information, please do not hesitate to contact me.

I will be meeting with one of the Downing Street detectives and the Conference Centre security people at the Conference Centre on the afternoon of January 19. We will also have another run through probably on the 24 January.

I have faxed you a list of the people who will be attending the pre-conference briefing and I hope to have three or four sentences on each of them by the end of the week. I hope this will help matters.

We are getting an extremely good response to the conference and I trust it will be a great success. Many thanks for your assistance.

Yours sincerely

Arthur Emperatori

ENC

PUBLICIS LIMITED 67 BROMPTON ROAD LONDON SW3 IEF TELEPHONE: 01 823 9000 TELEX: 8954968 FX: 01 823 8389

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JANUARY 25 1989 EEC /EUROPE AGAINST CANCER

PRESS CONFERENCE

RUNNING ORDER

8.00 -	Publicis PR staff arrive at QE II Conference Centre
8.30 -	All TV/Radio crews establish their areas
9.00 -	Reception Desk up and running. Press material, visitors' badges in place
	- typewriter to be set up and working - signage in place
9.45 -	Guests to arrive
10.00 - 10.15	Guests for briefing session arrive and are taken to Mountbatten Suite East
10.00 -	John Drew meets panel members for briefing
10.30 -	Special guest arrives at East entrance
10.35 -	John Drew of EEC welcomes special guests at 5th floor elevator and conducts them to briefing in Mountbatten East
10.45 -	Guests are asked to be seated in Auditorium
10.55 -	All guests to be seated in auditorium and door closed
11.00 -	Conference begins, speakers take their place on the podium (including David Mellor, Minister of Health who will not have a speaking role)

11.02 -	Welcome - John Drew of EEC's UK office
11.02 - 11.12	Guest of honour speaker
11.12 -	John Drew thanks guest of honour and they depart - John Drew introduces Norman Bleehan
11.15 - 11.25	Professor Norman Bleehan speaks on cancer research and findings - John Drew introduces Michel Richonnier
11.25 - 11.33	Michel Richonnier of EEC speaks on pan-European activities planned for the year - John Drew introduces Sir David Innes-Williams
11.33 - 11.38	Sir David Innes-Williams speaks about UK'S role in the programme - John Drew introduces Michael Wood
11.38 - 11.43	Michael Wood speaks on UK activities for the year - 3 audience microphones are in position
11.43 - 11.50	John Drew invites questions and answers from the audience
11.50 - 12.00	John Drew announces video presentation
12.00 -	John Drew declares conference closed and conference ends with invitation to the reception in Mountbatten Lounge
12.00 -	Auditorium dismantled
12.30 -	Lunch to be hosted by John Drew(?)

CONTENTS OF PRESS PACK

Leaflets

10 Point Code

Cancer Education Co-ordinating Group's leaflet

Releases

Europe Against Cancer Programme

Calendar of UK activities

Calendar of European events

Main contributions of the European Community

Michel Richonnier's speech

Background on speakers

EUROPE AGAINST CANCER

STATEMENT BY MICHEL RICHONNIER

FOR THE PRESS CONFERENCE TO LAUNCH

THE EUROPEAN YEAR OF INFORMATION AGAINST CANCER

Ladies and Gentlemen

In the name of the European Commission and of Mrs Papandreas, the European Commissioner responsible for the programme, I would like to thank the many national partners of the campaign against cancer who have taken the trouble to attend this press conference. I would particularly like to thank you Prime Minister for demonstrating, by your presence, the interest you have in this European campaign of public awareness which we are launching at the press conference today.

This is no trivial matter. Each year some 750,000 people die from cancer in Europe and the number is increasing year by year. If we do not manage to stop this growth by the year 2,000 one European in three will suffer from a cancer during his or her lifetime. But the experts are quite clear. Cancer need no longer be a fatal disease. A large number can be avoided. Still more could be cured if they are detected early enough.

This then is the principle message which the European Code Against Cancer seeks to convey. The European Community of cancer experts considers that the application of these ten European Commandments would lead to a reduction in the death rate caused by cancer of up to 15% by the year 2000. This indicates the importance of ensuring that the code is not only well known by all European citizens but also followed.

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Eurobarometer surveys taken in 1987 and 1988 show how far we still have to go. 11% of respondents are still not aware of the danger of smoking even though some 200,000 Europeans die every year from the cancer linked to tobacco. Moreover, 50% of Europeans do not realise that excessive consumption of alcohol brings a risk of cancer - despite the clear evidence of the role it plays in cancer death - especially cancer of the oesophagus, and worst of all, two Europeans in three are not aware of the importance of a diet which includes plenty of fresh fruit and vegetables. As these facts show, improving the knowledge of Europeans is an urgent task.

It is, therefore, highly appropriate that the Heads of State and Government of the European Community have designated 1989 as the European Year of Information on Cancer. The major part of the campaign will certainly depend in every country on the public and non governmental organisations working against cancer. The European Community as such has helped to co-ordinate the various national campaigns and has also given specific support to various of the many activities. I would like briefly to enlarge on this European dimension.

Let me start by emphasising that the European Institutions have begun to accept their responsibility to promote new European legislation intended to ensure better information for Europeans, particularly about the danger of tobacco. The prime example is the draft directive currently under discussion, intended to harmonise national legislation on the lebelling of tobacco porducts. As you know, the European Commission has taken as a base the most advanced legislation that is in force in Ireland. Here the message "Smoking Causes Cancer" appears very clearly on every packet of cigarettes. The European Parliament gave a favourable opinion on this proposal last month. We hope that the Council of Health Ministers will be able to adopt a common position in the next six months, allowing a definitive enactment of this directive towards the end of the year. Several other proposals for legislation to support the fight against cancer will be discussed in the European Parliament and at Council this year and we certainly hope to reach agreement on at least some during the year. That would be the most substantial contribution the European Community and the national authorities could make to the European Year of Information on Cancer.

Further, thanks to the budget of 10 million ecus awarded to the European Information Campaign, a number of actions on a European scale will be supported. In particular, the active co-operation of a number of television companies will enable us to add seven new European programmes to the three made in 1988 which have already been broadcast, highly successfully, all round the Community. Allow me briefly to discuss each of the new programmes which will be ready for broadcast from May 1989 onwards.

The first, made by RTBF, Belgium, will cover occupational cancer in Europe. The second, from BRT and Stratecom, Belgium, called "Tanning not burning" will deal with skin cancer. The third, made by Stratecom and RTE, Ireland, called "Just say no" will present the case against smoking in a manner attractive to young people. The fourth, produced by ZDF, Germany, will demonstrate with many examples, that cancer can often be cured if it is detected early enough. Finally, the last three programmes will be made by Yorkshire Television (UK) in co-operation with ARD-Berlin in Germany. Forming a series, they will cover the specific problem of breast cancer in Europe, treatment of cancer and, last but not least, the very important topic of living with cancer.

I would like to mention two other events which will involve the whole Community. In May 1989, the European Code will be the subject of a promotion through many varied actions of a generally sporting type which will be organised in co-operation with the organisations against cancer in each country. The message that will be emphasised is that many cancers can be largely avoided with the help of a healthy lifestyle. Moreover, the participation of former cancer patients will be a demonstration of the relevance of the last four commandments and the fact that more cancers can be cured if they are detected early enough.

In October 1989 there will be a second European Week Against Cancer, modelled on the success of the first one which took place last May. There are plans for a Eurovision broadcast to mark this week, a fitting climax to the European Year. Lastly, there are of course, many other national activities which will promote the European Code throughout the year.

There, in just a few words ladies and gentlemen, are the highlights of the contribution of the European Communities to European Year of Information on Cancer. I need only add that the European Commission, together with all the national partners, is committed to the evaluation of the various national campaigns, in particular by means of the Eurobarometer surveys. This will investigate awareness and application of the European Code amongst the general public, health workers and teachers. The results of these various surveys will be published during 1989 and a report of evaluaion will be prepared for early 1990.

Thank you very much for your attention.

EUROPE AGAINST CANCER

EUROPEAN YEAR OF INFORMATION ON CANCER

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(as of January 1989)

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EUROPE AGAINST CANCER

JANUARY 1989

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September 1989	"Teachers and the European Code against Cancer"

C) European information actions taking place in all countries of the European Community.

May 1989: Promotion of the "European Code against Cancer" through popular sporting events to emphasise that certain cancers can be avoided through healthy lifestyles. In several countries, the participaton of former cancer patients will illustrate the last four European commandments and the fact that more cancers will be cured if detected early.

May to December 1989: in all countries of the European Community at least one of the six new Euorpean TV programmes will be broadcast:

- Occupational cancer in Europe (RTBF-Belgium)
- A very European cancer (breast cancer) (YTV-UK)
- How can you treat cancer? (YTV-UK)
- Living with cancer (YTV-UK)
- Cancer cured (ZDF-Germany)
- Tanning not burning (Stratecom and BRT-Belgium)
- Just say no (Youth against Smoking) (Stratecom-Belgium, RTE-Ireland)

9-15 October 1989: "European Week against Cancer" in each country of the European Community. The successful test of 1988 will be renewed and improved on. A Eurovision TV programme should be broadcast in each country.

D) Cofinancing of national actions which introduce a European dimension, notably to promote some or all of the European commandments against cancer among the general public and school children. All the above European networks of partners active in the fight against cancer have been mobilised. It should be mentioned that 25 million ecus would have been necessary to finance the European dimension of all the numerous and excellent projects which to date have been submitted to the European Commission, whereas only 10 million ecus were available. Therefore, several projects are still awaiting funding, some have had to be cancelled and in many cases the national actors have kindly agreed to increase their share of financing to cover almost the total cost of their action in favour of the European Year.

III. EVALUATION PHASE (NOV '89 - JAN 90)

The effectiveness of this European information and awareness campaign will be evaluated regularly and in particular with the help of Eurobarometer surveys.

New surveys will be conducted in April and November 1989 to evaluate the improvement in awareness achieved by each country.

A preliminary evaluation report will be published in December 1989, and the full report in January 1990.

N.M. BLEEHEN
2+1+

8N

10 DOWNING STREET
LONDON SW1A 2AA

From the Private Secretary

20 October 1988

**EUROPEAN CANCER EXPERTS MEETING:
LONDON, MAY 1989**

Thank you for your letter of 17 October. The Prime Minister has already said to Professor Bleehen that she would be in principle willing to see them if the dates were suitable. Late May is a very bad time of the year in terms of the diary. And it is not possible at this stage to say definitely whether or when the Prime Minister might be able to see the group on either of those days. I think the best thing in the circumstances would be for the booking at the Queen Elizabeth Hall to go ahead and for us to look again nearer the time to see whether a meeting can be fitted in.

Dominic
When would you like to chase on this again?
JR 21/10

Late Dec. when the Emp-elect's diary [illegible] is sorted.
(19/12) Dm

(D. C. B. MORRIS)

Mrs. Flora Goldhill,
Department of Health.

8S

DEPARTMENT OF HEALTH ~~AND SOCIAL SECURITY~~
Richmond House, 79 Whitehall, London SW1A 2NS
Telephone 01-210 3000

From the Secretary of State for ~~Social Services~~ Health

K20/12

Dominic Morris Esq
Private Secretary
10 Downing Street
LONDON SW1

17 October 1988

Dear Dominic

EUROPEAN CANCER EXPERTS MEETING IN LONDON - MAY 1989

As agreed at the Milan Summit in June 1985, the European Community is undertaking a programme entitled "Europe Against Cancer". In May of this year European Cancer Week took place and 1989 has been designated the European Year Against Cancer.

Since January 1986, a Committee of 12 cancer experts has been advising the European Commission on the formulation of the "Europe Against Cancer" programme. The experts have met in Brussels, Paris, Rome, Madrid, Lisbon and Bonn. They are shortly to meet in Athens. On each occasion they have been received by either the Head of State or the Prime Minister. In February this year Professor Norman Bleehen, the UK member of the Cancer Experts Committee wrote to the Prime Minister (copies of correspondence attached) asking if she would consider receiving the Committee of Cancer Experts at their meeting in London in May 1989.

The limited number of conference centres with translational facilities make the Queen Elizabeth Conference Centre an ideal venue. However, because of heavy booking for the conference centre for May 1989, it has been necessary to make a provisional booking for the Cancer Experts Meeting on the 25 and 26 May. Would it be possible for the Prime Minister to receive the Committee on either of these two days? The format at previous meetings has been that the Head of State or Prime Minister has received the Committee on the morning or the afternoon of the second day for about an hours discussion, but the timetable could obviously be adjusted to suit the Prime Minister's diary.

Yours ever

Flora

FLORA GOLDHILL
Private Secretary

UNIVERSITY OF CAMBRIDGE SCHOOL OF CLINICAL MEDICINE

HEAD OF DEPARTMENT:
[redacted]AN M. BLEEHEN
Cancer Research Campaign Professor of
Clinical Oncology, Honorary Director MRC
Clinical Oncology and Radiotherapeutics Unit

DEPARTMENT OF CLINICAL ONCOLOGY
AND RADIOTHERAPEUTICS
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HILLS ROAD
CAMBRIDGE CB2 2QQ

TELEPHONE: CAMBRIDGE (0223)
337733 Ext. 6800 (Univ. Dept.)
245151 Ext. 3158 (Hospital)
245133 Ext. 364 (Medical Research Council)

TELEX: 81532

22/3

18 March 1988

The Private Secretary to
The Prime Minister
10 Downing Street
LONDON
SW1A 2 AA

Dear Mr Bearpark, PSB 24/3

Many thanks for your letter of 7 March concerning the meeting of European Cancer Experts in 1989. I do understand the constraints on the Prime Minister being able to make a definive appointment far ahead into 1989. However, I am very pleased to know that in principle she will be ready to receive the Committee subject to her finding a convenient time.

I will certainly let you know later on this year when it is hoped that the Meeting of Experts in London could take place. I will consult with you as to which of some possible dates will be appropriate.

With thanks,

Yours sincerely

N M Bleehen

PA
Until Mr. Bleehen gets in touch again

N. M. BLEEHEN

MS 2CC1C
16

10 DOWNING STREET

LONDON SW1A 2AA

7 March 1988

From the Private Secretary

The Prime Minister has asked me to thank you for your letter of 1 February in which you ask if she might receive the Committee of Cancer Experts in London in May 1989.

The Prime Minister does not usually plan her diary in detail so far in advance. She has asked me to say that she would in principle be ready to receive your Committee subject to her finding a convenient time.

Perhaps you could keep in touch with me as the dates of your conference are firmed up and I will see what we can do to make the necessary arrangements.

P.A. Bearpark

N.M. Bleehen, Esq.

JW48590

NAM

DEPARTMENT OF HEALTH AND SOCIAL SECURITY

Richmond House, 79 Whitehall, London SW1A 2NS

Telephone 01-210 3000

From the Secretary of State for Social Services

PO(1)1694/543

P A Bearpark Esq
Private Secretary
10 Downing Street
London SW1

26 February 1988

Dear Andy

Thank you for your letter of 8 February enclosing one dated 1 February from Professor Bleehen.

Professor Bleehen is indeed the UK member of the expert committee which advises the European Commission on the Europe Against Cancer programme. I enclose the draft minutes of the Committee's last meeting as an example of its work and also a copy of their "Ten Commandments" which are to be widely publicised.

The Department strongly supports Professor Bleehen's suggestion that the Prime Minister should receive the Committee when it meets in London in May 1989 - during European Cancer Information Year. The date and time could be arranged to suit the Prime Minister's convenience. As Professor Bleehen says, the Committee has been received by a Head of State or Prime Minister in every country in which it met in 1986, 1987 and 1988.

Yours ever

Flora

FLORA GOLDHILL
Private Secretary

Mr Hunter: Circulated (in a fancy folder) in all Community languages by Schlüter at the European Council on 5 Dec 87.

EUROPEAN CODE AGAINST CANCER

CERTAIN CANCERS MAY BE AVOIDED:

1.

Do not smoke.

Smokers, stop as quickly as possible and do not smoke in the presence of others.

2.

Moderate your consumption of alcoholic drinks,

beers, wines or spirits.

3.

Avoid excessive exposure to the sun.

4.

Follow health and safety instructions,

especially in the working environment concerning production, handling, or use of any substance which may cause cancer.

★

Your general health will benefit from the following two commandments which may also reduce the risks of some cancers :

5.

Eat frequently fresh fruits and vegetables and cereals with a high fibre content.

6.

Avoid becoming overweight

and limit your intake of fatty foods.

More Cancers Will Be Cured If Detected Early:

7.

See a doctor if you notice a lump or observe a change in a mole or abnormal bleeding.

8.

See a doctor if you have persistent problems,

such as a persistent cough, a persistent hoarseness, a change in bowel habits or an unexplained weight loss.

For women:

9.

Have a cervical smear regularly.

10.

Check your breasts regularly,

and, if possible, undergo mammography at regular intervals above the age of 50.

DRAFT MINUTES
2nd meeting

European Commission
DG V
"Europe against cancer"

Brussels, 21 December 1987

Summary of the conclusions of the
6th meeting of the Committee of Cancer Experts
Lisbon, 18-19 December 1987

The sixth meeting of the Committee of Cancer Experts was held in Lisbon at the invitation of the Portuguese Minister of Health, Mrs Leonor BELEZA. The Committee was also received by the Prime Minister, Mr CAVACO

I. PREVENTION OF CANCER

a) Fight against tobacco

The Committee expressed its high satisfaction with the work achieved in 1987 in this area: elaboration of the European Commission's proposals on tobacco fiscality, tar content, labelling, as well as the monthly publication by the European Statistical Office of price indices excluding tobacco products.

The Committee took note of the document from the European Tobacco Industry ("Proposed tar ceiling on cigarettes"). The Committee acknowledges that these are economic issues associated with tobacco and it appreciates the concept of individual's freedom of choice. It nevertheless expressed its grave concern from a scientific and public health point of view on the assertions made in this document. For this reason Dr TOMATIS has been requested to set up a small sub-committee, including Sir Richard Doll and Peto, to prepare before mid-February a reply to the points raised by the European Tobacco Industry document.

The Committee took note of the WHO project to hold a meeting on the campaign against tobacco in Madrid in November 1988. It recommended that the European Community answer positively to the WHO proposal for a joint

organization and financial contribution. It requested Dr MOELLER JENSEN to contact Mr DANZON (WHO - Copenhagen) to clarify certain issues, notably the necessity to have a conference which will have a noticeable impact on public opinion in all European countries. The Committee recommended also UICC be associated with the initiative and that the Community contribution be limited to around 100 000 Ecus.

b) Nutritional labelling

The Committee discussed and took note of the concepts to be used in the European Commission draft proposal. It emphasized its importance for consumer information and stressed the necessity of keeping this information as simple and as clear as possible. Some members of the Committee suggested that the alcohol content of certain products (canned fruits, certain chocolates) should also be labelled. Reference was also made to the proposal made by KELLOGS to sponsor the cancer prevention programme in Ireland and Denmark. Dr MOELLER JENSEN mentioned the fact that in the US, Kellogs' is advertising on its cereal packs that their product contains fibres and that this is recommended by the National Cancer Institute. However, nothing can be done about it. It is possible that the same might happen in Europe, as concerns the European Code against Cancer. Mr RICHONNIER indicated that the European Commission as such had not requested any sponsorship but that national actions campaigning against cancer - such as the Cancer League - are free to accept or reject these offers.

c) Occupational cancer

The Committee welcomed the various proposals of the European Commission for prevention of occupational cancer. It underlined the need to progress as rapidly as possible on the classification and labelling of chemical carcinogens.

d) Screening of colo-rectal cancer

Professor GRUNDMANN introduced the discussion on the yet unresolved issue concerning the efficiency of mass screening programme for colo-rectal cancer. Certain German studies would seem to indicate their usefulness. Professor VERONESI stressed that other studies were not conclusive. Professors BLEEHEN and MOELLER JENSEN mentioned that randomized studies have been performed in their countries but that the results are not yet available. The Committee recommended that this question be discussed further within the Working Party on Cancer Prevention.

Working party on cancer prevention

Professor VERONESI recommended the setting up of a working party on cancer prevention (WPCP). One of its main tasks will be to examine the scientific quality of the study proposals which are submitted to the European Commission and to draw up a scientific opinion which the Committee could then adopt. This proposal was welcomed. It was decided that this working party will be chaired by Dr MOELLER JENSEN (DK); with Dr KROES (NL) and Dr TOMATIS (IARC) as members. Three other experts have yet to be selected. It was agreed that the working party will examine the study proposals received by the European Commission before 1 March in order to prepare a draft opinion on the proposals which would then be submitted to the Committee for adoption at its next meeting on 3 May 1988.

(or by the cancer expert himself: UK, Greece notably)

An invitation to tender will be sent by the Commission at the beginning of January to all the study centres working on cancer prevention. The guidelines for application and the list of priority themes are indicated in Annex 1. In order to progress rapidly the members of the Committee were requested to send to Mr RICHONNIER as soon as possible the list and addresses of any national study centres with a special interest in these themes.

e) Study on nutrition and cancer

IARC is invited to submit a study proposal involving southern European countries.

f) Opinion survey "Europeans and cancer prevention"

The Committee discussed the draft questionnaire on "alcohol consumption, nutrition, screening". Professor TUBIANA stressed that the questions should be carefully worded. Dr KROES suggested that this action could be linked in with the EURONUT research programme. It was agreed that this matter should be examined further in the working group on cancer prevention chaired by Dr MOELLER JENSEN in order to obtain the final approval of the Committee in May.

g) Commentaries on the European cancer maps

The Committee took note of the IARC's comments on the European cancer maps. It is intended that these comments will accompany the maps which are to be published in the booklet on the Europe against Cancer programme to be

distributed during the European week (see below). The Committee decided that Dr TUMATIS should be responsible for drawing up these comments on its behalf.

Each member of the Committee will then be requested to check their language version of the comments by 15 January (see below).

II. INFORMATION AND HEALTH EDUCATION

a) "Europe against cancer" booklet

The Committee examined the draft booklet. The written comments of Professor BOON were discussed and Professor TUBIANA made several observations.

- To settle the issue on the percentage of curable cancer, Professor TUBIANA suggested replacing the sentence of page 1 by the following:

  "Nowadays, it is estimated that about 50% of all cancer patients can be cured, compared to only 25% in 1950. However, the rate of cure varies considerably according to the size of the tumor and its location."

- To resolve the issue on the percentage of preventable cancer, the Committee agreed that the sentence on page 2 of the draft should be replaced by the sentence on that issue which had been put forward by Dr MOELLER JENSEN in the document published in October 1987 "The Europeans and Cancer prevention".

- Regarding the respective importance of tobacco, alcohol etc., Professor TUBIANA suggested the following rewording:

  "In Europe, today, tobacco and excessive alcohol consumption are the cause of some 30 to 40% of deaths by cancer. Nutrition is also thought to play an important role".

  This sentence would have the advantage that it would not mention the other elements.

However Drs MØLLER JENSEN and TOMATIS considered it necessary to mention these elements.

Each member of the Committee was invited:

- to check the translation of this booklet in their own language before 15 January;
- either to agree on the above changes to the wording and to translate them,
- or to express their disagreement on these changes and to formulate an alternative solution both in English and, if appropriate, in their own language;
- to make any other comment which they consider appropriate for scientific reasons.

b) "Open door" weekend on 7-8 May 1988

France (20 anticancer centres plus 3 hospitals), Belgium (about 10 hospitals), Portugal (3 centres) have decided to organize an open door weekend on 7-8 May 1988 with the corresponding national leagues against cancer. During this "open door" weekend, each national league and each cancer centre will answer questions from the public. They will show their own audio-visual aids as well as the ones offered by the European Commission (the 3 TV programmes for the European week - see below -, a set of six large European cancer maps, the booklet on the "Europe against cancer" programme, etc.)

The members of Committee from countries other than France, Belgium and Portugal were kindly requested to try to obtain the same results in their own country and to keep M. RICHONNIER informed.

c) European TV programmes for the week against cancer

At least one of three TV programmes will be broadcast in each country during the week: "Lifestyle and cancer in Europe" (40'), "Man and cancer" (30'), "The adventures of Eurojim" (5 cartoons of 1'30).

John GROOM, the producer of "Lifestyle and cancer in Europe", presented his project. He will establish bilateral contacts with cancer experts of EC countries. Professor TUBIANA requested John Groom to keep him informed on his contacts in France.

d) Press conference of 27-28 April 1988

To launch the European week, press conferences will be organized in each of the twelve countries. The representation of the various organizations, leagues, ministries, etc. will be informed and invited to be involved.

The members of the Committee were requested to keep these two dates free. The exact date will be fixed following consultation with all the other involved parties in the period between 15 January and 9 February 1988.

III. TRAINING

a) "Lister" report on the training of doctors

Dr KROES wished more emphasis on training in prevention matters. The Committee expressed its satisfaction with the Lister report. Dr LARRA regretted the fact that the Advisory Committee on Medical Training did not react as positively as it could have done on the training of oncologists. The Committee expressed the desire to see agreed all the recommendations of this report at its October meeting.

b) Consensus conference

The Committee welcomed the idea of a consensus conference. Professors EINHORN and GRUNDMANN will investigate the possibility of holding it in Bonn on 3-4 May 1988.

c) Survey "Family doctors and cancer prevention"

The Committee welcomed this initiative but decided that certain questions should be reworded.

Professor EINHORN was asked to undertake this task. Each member of the Committee was invited to send directly to him their written comments before 31 December 1987.

d) Translation of the UICC manual

The Committee welcomed this proposal and recommended that it be done for the next edition to be published in 1989 simultaneously in all Community languages. Dr MOELLER JENSEN mentioned that a Danish translation was not necessary.

e) Manuals for General Practitioners

The discussion of this item was rendered difficult because of the absence of Dr COSTA who had to leave the meeting early.

Dr BOURDILLON and Professor BLEEHEN (UK) and Professor LARRA (F) thought that for British and French GPs audio and video cassettes, as well as video discs were more worthwhile. M. RICHONNIER expressed the view that these education supports would not conflict with a written manual but that they were somewhat complementary. Moreover these new teaching technologies might not be appropriate for family doctors in certain countries who may lack the necessary audio-visual equipment.

The Committee decided that a small sub-committee chaired by Professor EINHORN should carefully examine their proposals with Dr COSTA in concentrating its work on one or two manuals (lung and breast cancer) and taking account of appropriate UICC information.

IV. RESEARCH

The Committee expressed its satisfaction with the adoption of the 4th programme on the coordination of medical research.

Professor BLEEHEN expressed the wish that clear indications be given on the different sources of Community financing and on the practical details to follow for application (see Annex 2).

Since a Council decision was taken on 17 Novmeber 1987, it has been possible to activate the 4th Medical and Health Research Programme. The budget allocation is 65 MECU for the 1987-91 period.

An indicative distribution of funds among the various targets of the programme was distributed to the members. For the Cancer target, the indicative amount is 18 MECU.

A Cancer Research Working Party has been set up. Its composition has been distributed. About half of its members are also members of the high level Cancer Expert Committee: this will hopefully ensure coordination and coherence and a good insertion of Cancer Research into the "Europe against Cancer" programme.

As studies in the field of Prevention and Early Diagnosis will also be launched, and as this area is also dealt with through the "research" approach, it will be necessary to organize coordination in such a way as to avoid unnecessary duplication.

V. NEXT MEETING

At the invitation of the Federal Republic of Germany, the next meeting will be held in Bonn. Chancellor KOHL will receive the Committee of Cancer Experts on 3 May from ~~3 to 4~~ pm. The meeting will start at 10.00 on 3 May and finish on 4 May after lunch.

"EUROPE AGAINST CANCER"

ANNEX 1

How to apply for European Community funding.

Study or action proposals on cancer prevention, information, education and training can be submitted to the European Commission. For budgetary reasons the maximum duration of a study or an action is two calendar years.

Studies should usually be aimed at either reviewing and collating existing information, or applying available methods to an uninvestigated area and/or exploring the feasability of a longer term study. Priority is given, in general, to studies involving more than one country, or a study of a pilot nature which will be of interest to several countries.

Actions in the mentioned areas should contribute to the implementation of the "Europe against cancer" programme (OJ C50 of 26.2.87) and priority will be given to those which will not be able to take place without Community financing.

(N.B. In the area of prevention, it is intended to give special consideration at present to those study or action proposals which the Committee considers as priority issues, namely: the campaign against tobacco; nutrition and cancer; prevention and early detection of breast, cervical and colo-rectal cancer; and melanoma)

In order for the Committee of Cancer Experts of the European Community to be able to review these proposals at its next meeting in May 1988, the applications should be sent by 1 March 1988 to:

M. RICHONNIER
Europe against Cancer Programme
European Commission
200 rue de la Loi
B - 1049 Brussels

For ease of examination, proposals in either English or French would be appreciated. A cover page as indicated on the following page is required.

COVER PAGE

FOR

PROPOSALS SUBMITTED WITHIN THE CONTEXT OF THE

PROGRAMME "EUROPE AGAINST CANCER"

Name of the organization:

Person responsible for the proposals (curriculum vitae and published works or other references to be annexed to the proposal)

Address

Telephone
Telefax
Telex

Title of the proposal:

Objective of the proposal: (2 lines maximum)

To what point of the "Europe against Cancer" programme does this proposal refer:

Summary of the proposal: (10 lines maximum)

To what respect does this proposal innovate with respect to other studies or activities already performed: (10 lines maximum)

Is it a pilot nature study or action YES - NO

Which country or countries are involved:

Total budget of the study or of the action proposed:

Amount of European Community financing requested:

ANNEX 2

Coordination of medical research is supported in the framework of the 4th EEC Medical and Health Research Coordination Programme (1987-1991). Resources from this programme, which includes a "Cancer Research Target" are used for:

- covering the coordination cost of research activities supported by national resources (concerted actions)

- support to "centralised facilities" which are either unique or perform a central service to participants of a concerted action

- support to workshop or studies aiming at preparing concerted actions.

The advisory management structure is an "Advisory Committee for Medical Research" composed of national delegates, and various sub-committees among which the "Cancer Research Working Party".

Further details should be requested from:

Mr VAN HOECK
Coordination of Medical Research
European Commission
200 rue de la Loi
B-1049 Brussels

Research on occupational cancers is also supported within the framework of the Coal and Steel Occupational Health Research Programme (1988-1992). Further information should be requested from:

Dr W. HUNTER
Industrial Medicine and Hygiene
European Commission
Batiment Jean Monnet
L - 2920 Luxembourg

N.M. BLEEHEN

22/2

D 23/2

10 DOWNING STREET
LONDON SW1A 2AA

From the Private Secretary

8 February 1988

I attach a copy of a letter the Prime Minister has received from Mr. N. M. Bleehen, UK Member of Committee of EC Cancer Experts.

I should be grateful for advice to reach me by Monday 22 February.

P. A. Bearpark

Mrs Flora Goldhill
Department of Health and Social Security

UNIVERSITY OF CAMBRIDGE SCHOOL OF CLINICAL MEDICINE

HEAD OF DEPARTMENT:
[redacted]RMAN M. BLEEHEN
[redacted]ncer Research Campaign Professor of
Clinical Oncology, Honorary Director MRC
Clinical Oncology and Radiotherapeutics Unit

NMB/FMC/Y325

DEPARTMENT OF CLINICAL ONCOLOGY
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245133 Ext. 364 (Medical Research Council)

TELEX: 81532

1 February 1988

CS/2

The Rt Hon Margaret Thatcher
Prime Minister
10 Downing Street
LONDON
SW1

Dear Prime Minister,

You will recall that at the Milan Summit in June 1985 the Heads of State and Government of the European Community agreed on the principle of a European programme against cancer.

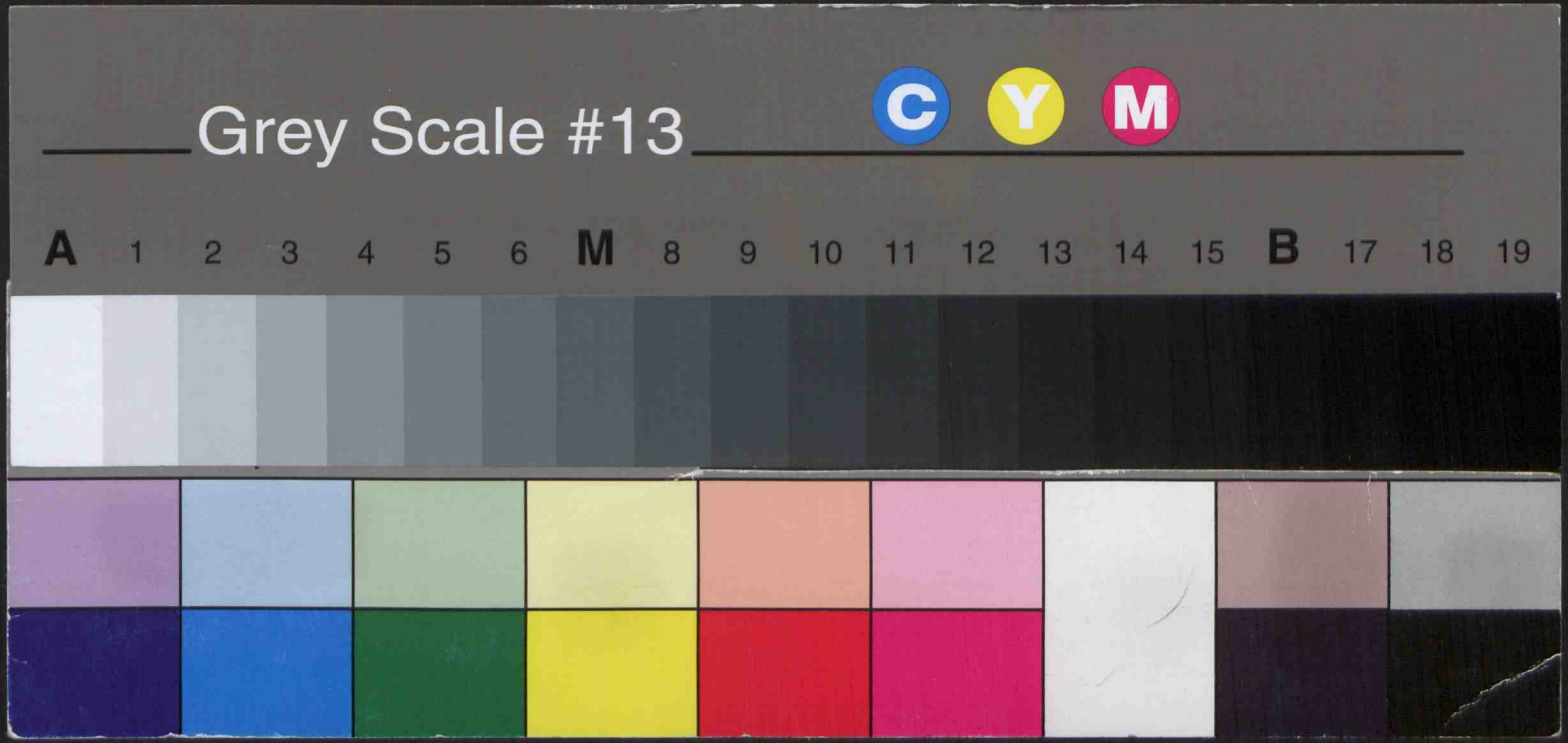
Since January 1986, a committee of twelve cancer experts has been advising the European Commission on the formulation of the "Europe Against Cancer" programme. The initial proposals were published in the Official Journal of the European Communities in February 1987. As you announced after the London Summit in December 1986, 1989 will be "European Information on Cancer Year". It is proposed that, amongst other things, the experts' advice to the public on cancer prevention will be widely disseminated. This is in the form of a Code or Ten Commandments, a copy of which you were given at the Copenhagen Summit last year.

The experts have met in Brussels, Paris, Rome, Madrid and Lisbon and are due to meet in Bonn in May and Athens in the autumn. On each occasion we have been graciously received by either the Head of State or the Prime Minister. A meeting has been provisionally arranged to take place in London in May 1989. The purpose of this letter is to ask you if you would be kind enough to consider receiving the Committee of Cancer Experts at that meeting.

Naturally, I should be happy to give you more information about the "Europe Against Cancer" programme should you so wish. Suffice it to say the work so far has involved many people in the United Kingdom, in particular the Medical Research Council, Cancer Charities, the NHS and Government.

Yours sincerely

N M Bleehen
UK Member of Committee
of EC Cancer Experts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