



Qz.04519

NOTE FOR THE RECORD

EUROPEAN COMMUNITY: CANCER PREVENTION AND TREATMENT

Mr Ronald Grierson, accompanied by Mrs Money-Coutts, called on Sir Robert Armstrong this afternoon. Mr Grierson said that following an approach from the French authorities - presumably made to Mr Grierson in his capacity as Chairman of the Foundation of the European Organization for Research on Treatment of Cancer - he had been to see Monsieur Attali in the Elysee. Monsieur Attali had said that President Mitterrand was extremely keen that there should be a bigger action on a European basis for prevention and treatment of cancer and possibly an increased research effort. It was quite possible that President Mitterrand would be raising this point at the European Council in Milan on 28-29 June. Mr Grierson understood that there had already been some contacts with some other governments, including the Italian Presidency. Mr Grierson left with Sir Robert Armstrong the attached copy of an aide memoire which he had given to Monsieur Attali.

2. Sir Robert Armstrong said that a large number of ideas about collaborative projects in the Community would probably surface at the Milan European Council under the general banner of EUREKA. The United Kingdom view was that it would be desirable to have a high level group set up at, or immediately after, the European Council in order to bring some order into differing national ideas. It was envisaged that, if this suggestion was accepted at Milan, Sir Robin Nicholson might be the United Kingdom representative. Clearly no decision on a programme of this kind could be

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taken at the European Council without prior warning or prior consideration of what was intended. Mr Grierson said that in his view any action at Community level should concentrate on cancer treatment and prevention since this was the area where the greatest progress could be made by a unified effort. He recommended that, if these ideas were put forward and ultimately considered by a high level group, it would be desirable to invite a limited number, perhaps 5 or 6, specialist doctors concerned with treatment and prevention of cancer to study more fully what might in their view be gained by an initiative at Community level in this sector.

*D F Williamson*

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26 June 1985

Mr Powell, 10 Downing St.

cc: Mr Hatfield  
Sir Robin Nicholson  
Mr Budd )  
Mr Braithwaite ) FCO  
Mr Renwick )

Sir Michael Butler, UKREP, Brussels

Mr Lavelle, Treasury

Mr Gilbert, DHSS

AIDE MEMOIRE.

I have given the subject a great deal of thought since Sunday and have also discussed it with Professor Veronesi. Four essential points need to be borne in mind:-

- (1) Cancer is not a problem which can be solved simply by throwing money at it. An initial grant of no more than, say, \$ 10 million per annum would be quite a satisfactory beginning.
- (2) To avoid time-wasting argument about zones of competence, the new initiative should as far as possible address itself to extensions of what is already being done rather than simply to their co-ordination. The scientific establishments are firmly entrenched in each EC country. Tactically, therefore, the European initiative should seek to operate initially at the fringe rather than at the centre.
- (3) Cancer prevention and cancer treatment present greater opportunities for European action than basic cancer research, the scientific establishments being more firmly entrenched in the latter than in the former.
- (4) The development of this initiative must be kept out of the hands of the health bureaucracies of the member countries. Hence the suggestion of a small group of so-called wise men.

Bearing in mind the above considerations, the kind of resolution which it would be useful for the summit to adopt (though it would not be spelt out in such detail in the communiqué) might be as follows:-

- (A) Useful transnational work, some of it supported by the EC, is already going on in many fields of cancer research. This is particularly true of cancer treatment where a joint venture of the leading European cancer clinicians operating through a joint data collecting and dissemination centre in Brussels has been at work for over twenty years. A similar venture is now being launched in the cancer prevention field.
- (B) These efforts now need to be strengthened and consolidated. The ideal objective would be: to create the embryo of a European cancer institute (on the model of the U.S. National Cancer Institute in Maryland) with a mandate on essentially the following lines:-
- (I) To launch a crash programme to reduce cancer mortality by between ten and fifteen per cent over the next five years by concentrating on the five types of cancer which between them account for sixty per cent of cancer mortality in Europe. (Targeting the assault on cancer treatment in this manner avoids many of the mistakes of the Nixon programme in the U.S.A.)
- (II) To launch supporting projects in the three areas most likely to give substantial backing to the above, i.e. :-
- (a) Epidemiology.
- (b) New drug research

- (c) Europe-wide education of doctors in the latest methods of treatment.
- (III) To act as focal point for resolving problems arising through the fragmentation of research in different countries.
- (C) The best estimate of the funds required to implement the above is \$ 10 - 15 million per annum.
- (D) To get such an initiative off the ground, a small team of wise men should be set up at once and instructed to report to the next summit. Their membership would be chosen from among the leading organisations at present active in this field in Europe, including for instance IARC, UICC, EORTC. Their mandate would be to consider the project in more detail and advise on a possible structure for a European cancer institute.

The foregoing is deliberately kept brief and without supporting detail so as to convey a very general picture of what is intended. I believe that, if the objective is sufficiently clearly stated in the summit resolution, the group of wise men would not find it difficult to come up with ideas which by virtue of being complementary to existing activities rather than in competition with them should appeal to the medical profession and to health authorities. A certain amount of pragmatism is needed to achieve this and I would be happy personally to take part in the deliberations of the group, perhaps as rapporteur.

21st June, 1985.