

Speech by Commissioner Stella Kyriakides at the Lancet Breast Cancer Commission Report Launch



"Check against delivery"

Ladies and gentlemen, friends and colleagues,

Thank you for the opportunity to speak today and to hear the different voices and views on this new and very important Report from the Lancet Breast Cancer Commission.

My congratulations to all those involved in its research and findings.

Cancer affects us all in one way or another. No matter who you are, no one is unaffected.

In my case, cancer has been an important part both my personal life and my professional life.

On a personal level, I am a woman who have lived two times breast cancer.

On a professional level, I have dedicated most of my life working to improve the lives of all patients, cancer patients being a central focus, in many different ways, as a psychologist and as a politician.

Since almost five years, this includes one of my most important missions as European Commissioner for Health and Food Safety.

This mission is to lead the European Commission's work to enact transformative and meaningful change in our Member States when it comes to cancer prevention, treatment, care and quality of life guided by Europe's Beating Cancer Plan, one of the key pillars of the strong European Health Union that we are building.

This is very close to my heart as is the work of initiatives like that of the Lancet Breast Cancer Commission.

Our goals are much the same: better quality of care, and equality for patients across Europe.

Today I want to share with you the journey of Europe's Beating Cancer Plan – and in particular about our focus on breast cancer.

The premise of our work from day one was that our Cancer Plan must be Europe's Plan, for all citizens and patients in the EU equally.

It also had to be a Plan that tackles cancer from all directions with equal ambition and importance, whether prevention, early detection, treatment or quality of life.

A Plan that changes the way we collaborate on cancer and that ensures long-term lasting change for citizens.

A historic moment was the adoption in 2022, for the first time after 19 years, of new updated screening guidelines based on the latest scientific evidence for breast, colorectal and cervical cancer.

With these guidelines we also for the first time set specific EU-level cancer screening goals.

These goals are to offer screening to 90 percent of the eligible target population across the EU. To help Member States and stakeholders reach this goal, we are providing more funding than ever before thanks to our EU4Health Programme.

We also achieved another milestone for early detection in 2021, when we adopted updated European guidelines and quality assurance schemes for breast cancer screening and care.

These guidelines provide evidence-based recommendations for screening and diagnosis, adaptable to different local contexts.

The quality assurance scheme defines a common set of requirements for breast cancer services, covering all stages of care.

Healthcare providers in several EU countries have already adopted the guidelines, and the initiative is proving to be a great blueprint:

- For our ongoing initiatives on Colorectal and Cervical Cancer;
- And for the upcoming ones on Lung, Prostate and Gastric Cancer.

Ladies and gentlemen,

Access to early diagnosis and treatment is essential and a priority for policymakers.

Of course, we must also invest in prevention.

We know that the risk of breast cancer is due to a combination of factors.

In order to address these risk factors, we need to know how they are spread across the population.

One of our recent EU-funded projects is focusing on exactly this.

it's called ELISAH, which stands for European Linkage of Initiative from Science to Action in Health.

It will look into environmental pollution, exposure to unhealthy nutrition, lack of physical activity, and alcohol and tobacco use.

The project has two main parts.

First, it will do a Europe-wide gap analysis of national cancer plans, breast cancer rates and risk factor distribution.

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Then, it will develop new ways to overcome the obstacles to breast cancer prevention.

These actions will be easily replicable in all European countries.

Friends,

Our Cancer Plan is already delivering impact through its tangible implementation.

Awareness of breast cancer has generally gone up over the years. And breast cancer care has made tremendous advancements since I was first diagnosed with the disease myself.

But it is still by far the most frequently diagnosed cancer in women in the EU.

As you know it corresponds to almost 30 percent of all diagnosed cancers in women.

And it is still the leading cause of cancer mortality for women in the EU.

Among these women are those living with metastatic cancer.

I fully subscribe to the need to change attitudes when it comes to metastatic cancer and to speak up about the importance of optimal and individualised care.

These women have faces, they are not invisible! We need to raise awareness on their needs.

To do so, as underlined in your report, we need high-quality cancer data.

This year we are launching a Joint Action with Member States to support improving the European Cancer Information System, and I will strongly encourage them to also address metastatic cancer through this action.

The positive news is that breast cancer mortality rates in women are decreasing in most European countries, especially Northern and Western Europe.

These trends reflect advances in earlier detection— thanks to screening, better breast cancer awareness and improvements in treatment.

But inequalities still persist.

In 2020, cancer mortality rates varied greatly across the EU, Norway, and Iceland.

There was an almost two-fold difference.

This is partly due to the different prevalence and distribution of the major risk factors.

It is also because of differences in implementing breast cancer screening.

It is clear that screening programmes are effective in preventing cancer deaths.

But differences in screening participation persist among countries and population groups, even though most EU countries have implemented population-based screening programmes.

When you look at breast cancer screening, the women that participate least are:

- Women with the lowest education and income level;
- Women living in rural areas;
- women with severe disabilities and functional limitations.

If we do not address gaps and inequalities like these, they will always stand in our way.

As your report rightly underlines, the inequities are glaring and not addressing them is a missed opportunity, for patients as well as societies.

In February 2022, we set up the first-ever European Cancer Inequalities Registry, to identify trends, disparities, and inequalities between and within Member States and regions.

This will help guide future policies and investment.

The Lancet Breast Cancer Commission is an important partner in addressing gaps and inequalities.

I noted one of the main findings of this new report – that collaboration is key to closing gaps in care.

The collaboration happening on cancer and breast cancer in Europe is unprecedented.

And wider than that. We have linked our plan to, the US Moonshot plan. This is the only way forward.

This collaboration has to happen throughout the cancer journey – early diagnosis, treatment plans and technological innovation.

And it has to place patients at the centre.

This resonates very strongly with our work, and with our collaborative approach to implementing the Cancer Plan.

Let us continue in this spirit.

A spirit that also resonates very strongly with the very essence of our European Health Union.

Thank you for this opportunity.

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