



Cancer control is (still) a vote winner

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EU member states have just kicked off the second 'joint action' on cancer, which is set to run until 2017. The Comprehensive Cancer Control Joint Action (CANCON) will pick up where the recently ended European Partnership for Action Against Cancer (EPAAC) left off. It will cover many of the same areas, but with a greater focus on integrating cancer services at a regional level and on the role of primary and community care – areas traditionally considered to be beyond the scope of European collaboration.

The benefits of working at an EU level to improve cancer control were first convincingly demonstrated by Europe Against Cancer, which ran from 1987 to 2000, with a primary focus on raising awareness as well as screening, data collection and tobacco control. Whether this added value can also be realised in the organisation and delivery of cancer services is a question we address in an article (page 36) that looks at what we have learned from the experience of EPAAC.

The unparalleled level of public health investment in cancer made by the EU over the past 30 years was recently showcased at the EU Summit on Chronic Diseases. Initially this investment arose from a combination of opportunism and serendipity. Europe Against Cancer was the brainchild of Presidents Craxi and Mitterand, of Italy and France, who were looking for ways to show that Europe was more than just a free market, and could deliver on things that mat-

tered to the citizens of Europe – and Mitterand, as we now know, had by chance just been diagnosed with prostate cancer. That early investment was crucial in raising awareness about the social and economic burden of cancer, which then opened the way to several further European initiatives.

EU laws have a significant yet often unacknowledged impact on cancer control and, while member states continue to resist European interference in decisions on healthcare spending, there is a growing recognition of the potential for learning from each other and adopting common strategies that can be adapted as needed, as most recently demonstrated by EPAAC. What's really positive about its successor, CANCON, is the increasing focus on quality improvement. This spans the entire spectrum of cancer control, from prevention through to palliative care, with cancer services – including community care, survivorship and rehabilitation – on the agenda for the first time.

This programme has the potential to address the ongoing and unacceptable disparities in cancer outcomes that still exist between different European countries, and the European cancer community needs to get behind it. European Parliamentary elections will take place in late May, and this gives us all the chance to argue for candidates to continue to give cancer the attention it deserves at an EU level, and to show their electorates that Europe can still deliver on things that matter.