


Procedure file

Basic information		
INI - Own-initiative procedure	2002/2279(INI)	Procedure completed
Breast cancer in the European Union		
Subject 4.20.01 Medicine, diseases		

Key players			
European Parliament	Committee responsible	Rapporteur	Appointed
	FEMM Women's Rights and Equal Opportunities	PSE JÖNS Karin	26/11/2002

Key events			
13/02/2003	Committee referral announced in Parliament		
24/04/2003	Vote in committee		Summary
24/04/2003	Committee report tabled for plenary	A5-0159/2003	
05/06/2003	Debate in Parliament		
05/06/2003	Decision by Parliament	T5-0270/2003	Summary
05/06/2003	End of procedure in Parliament		
18/03/2004	Final act published in Official Journal		

Technical information	
Procedure reference	2002/2279(INI)
Procedure type	INI - Own-initiative procedure
Procedure subtype	Initiative
Legal basis	Rules of Procedure EP 54
Stage reached in procedure	Procedure completed
Committee dossier	FEMM/5/19187

Documentation gateway				
Committee report tabled for plenary, single reading		A5-0159/2003	24/04/2003	EP

Breast cancer in the European Union

The committee adopted the own-initiative report by Karin JÖNS (PES, D) on breast cancer in the EU, which called for the fight against breast cancer to be made a priority of health policy. MEPs believed that prevention, screening, diagnosis, treatment and aftercare must be improved everywhere in the EU and also urged the future Member States to make greater efforts. The report listed a number of facts about breast cancer: around 216,000 women in the EU fell victim to breast cancer in 2000 and, of these, 79,000 died. Breast cancer is the most common cause of death among women aged 35 to 55. The highest rates occur in Europe, especially in western and northern Europe. In western Europe, the risk of contracting cancer is 60% higher than in eastern Europe. The committee said that the breast cancer mortality rate must be reduced by 25% by 2008, and called on the Member States to offer, to all women aged from 50 to at least 69, a mammography every two years based on European guidelines. At present only eight of the fifteen Member States have a nation-wide screening programme. These programmes should be required to meet certain quality standards: each mammogram must be read independently by two radiologists; the image quality and radiation doses of the equipment must be monitored regularly. Every woman who is a victim of breast cancer should be entitled to treatment by a multidisciplinary team. The EU Member States should set up networks of certified multidisciplinary breast centres, where each team would be made up of experienced surgeons, radiologists, oncologists, pathologists, nurses and radiographers who specialise in breast disease. Physicians and paramedical personnel should regularly attend further training courses and patients should be entitled to onco-psychological counselling and to physiotherapy services, as well as social services. MEPs welcomed the allocation of EUR 400 million for cancer research under the 6th framework research programme and called for further research into the relationship between breast cancer and potential risk factors such as tobacco, hormones and life-style (body weight, physical activity). They believed women should be informed of the results of a clinical examination and of a screening examination within five working days and receive treatment within four weeks of the diagnosis. Legislation should be adopted on patients' rights, in particular to ensure they receive understandable information during and after treatment and can lodge complaints. In addition, patients' organisations should be more closely involved than at present in decisions on health policy. The Commission was urged to present a proposal for a recommendation on mammography and to organise in late 2003, in conjunction with the Italian Presidency, a conference to review the results of the Europe against Cancer programme, with a view to the new action programme for public health (2003-2008).?

Breast cancer in the European Union

The European Parliament adopted the own-initiative report drafted by Karin JÖNS (PES, Germany) on breast cancer. (Please see the summary of 24/04/03.) As well as setting a target of creating, by 2008, the conditions required for a 25% reduction in the average breast-cancer mortality rate, Member States should also aim to reducing to 5% the disparity between the Member States in the five-year survival rate. This follows from the 1999 Eurocare Study, which demonstrated that in the various Member States, there were unacceptable disparities by up to 16% in the survival rates of breast cancer patients. These were attributed to, inter alia, disparities in access to screening, diagnosis and treatment. Parliament expressed its concern at the possible consequences of the granting by the European Patent Office of patents on BRC AC 1 and BRC A2 ('breast cancer') genes. It asked the EPO to reconsider the patenting of these genes. The Council, the Commission and the Member States must ensure that the human genetic code is freely available for research throughout the world and that medical applications of certain human genes are not impeded by monopolies based on patents. Finally, Parliament was concerned at the comparatively poor survival rates for women suffering from breast cancer in the accession countries. The Commission is asked to arrange a structured exchange of experience with the future Member States.?