

Cancer Research UK's response to EU reflection paper on chronic diseases

April 2012

Summary

Cancer Research UK is the largest independent cancer charity in the world. In our response, we make the following recommendations:

- Governments need to urgently factor chronic diseases into their longer term health planning alongside other pressing health challenges.
- As part of the ongoing review of the Tobacco Products Directive (TPD), a stronger Directive would protect young people in particular from starting smoking in the first place.
- We also believe that more attention must be paid to the long-term health risks associated with alcohol consumption.
- Given the impact of chronic diseases on people in Europe and elsewhere, research into this area should be given more importance. Research and innovation are at the heart of the Europe 2020 agenda and will help people in Europe to live better and longer, as well as support growth in a time of economic difficulty.
- We would strongly support further activities to encourage the increased participation of organisations, including academia and NGOs, to help them to better understand, and apply for EU funding.
- Cancer screening saves thousands of lives each year. We recommend that the EU puts further pressure on all member states to develop and implement screening programmes for cervical, breast and bowel (colorectal) cancer including implementation of the EU screening guidelines. There should also be greater support – at EU and national and regional levels – to better inform people of the signs and symptoms of cancer and other chronic diseases.
- Greater coordination is needed between ministries of research and ministries of health at the national level, in terms of funding of research, to prevent duplication. EU level coordination and funding should focus on areas where research would not otherwise be undertaken and ensuring there is comparative research across the EU.
- Following the UN High Level Meeting on prevention and control of non-communicable diseases (NCDs) in September 2011, Cancer Research UK supports the global NCD Alliance position and believes it is key that Governments deliver on their commitments to addressing the rising threat of cancer, cardiovascular disease, chronic respiratory disease and diabetes.
- We also believe for all levels of Government to properly address the issues relating to chronic diseases, a Code of Conduct and Ethical Framework is vital to help protect the integrity of, and to ensure transparency in, public policy decision-making, by avoiding where possible and identifying and managing conflicts of interest.

About Cancer Research UK

Cancer Research UK is leading the way to find new ways to prevent, diagnose and treat cancer. We are the largest independent cancer charity in the world. Cancer Research UK's work is entirely funded by the public and in 2010/11, we spent £332 million (€398 million¹) on research, supporting the work of more than 4,000 scientists, doctors and nurses.

Cancer Research UK funds research into all aspects of cancer from exploratory biology to clinical trials of novel and existing drugs as well as population-based studies and prevention research.

¹ Based on exchange rates, 29 March 2012.

Our world-class scientists, doctors and nurses collaborate with other cancer experts in over 50 countries. Cancer Research UK has increasingly become involved in international research collaborations, some driven by Cancer Research UK scientists and others where we engage as international partners. Clinical trials are very often international and are likely to become increasingly so as we identify smaller patient subsets of different cancer types. Cancer Research UK is part of the European Prospective Investigation into Cancer (EPIC), the largest-ever study of the links between diet and health. Important discoveries, such as the link between excessive red meat consumption and cancer, continue to flow from this work and inform prevention strategies that will save lives in the future. Cancer Research UK is also part of the International Cancer Genome Consortium (ICGC), which aims to obtain a comprehensive description of changes in 50 different tumour types and/or subtypes which are of clinical and societal importance across the globe. In particular, we are a significant contributor to the project on prostate cancer.

We welcome the opportunity to provide comments on this area. We have kept the comments concise but would be happy to discuss or provide further information if requested.

As a cancer research charity, we have focused on relevant aspects of the reflection paper but many of the points we have made in relation to cancer apply to chronic diseases more generally. In addition, some cancers can be regarded as chronic diseases while others are not.

The current situation on chronic diseases in the European Union

What further information and evidence should be taken into account by National Governments and the EU regarding the chronic disease situation?

For too long, chronic diseases - cancer, cardiovascular disease, chronic respiratory diseases and diabetes - have been a hidden epidemic. Non-communicable diseases (NCDs) are currently the leading global cause of death worldwide. In 2008, of the 57 million deaths that occurred globally, 36 million – almost two-thirds – were due to NCDs, comprising mainly of cardiovascular diseases, cancers, diabetes and chronic lung diseases². The combined burden of these diseases is rapidly increasing in lower income countries. About one fourth of the global NCD-related deaths occur before the age of 60.³ Globally, 36 million people died in 2008 from NCDs, 80% of them in low and middle income countries with inadequate access to prevention, treatment and care and that this number is set to grow rapidly unless timely action is taken.⁴

A recent study by the World Economic Forum and Harvard University estimates that NCDs will cost the world economy \$47 trillion over the next 20 years, representing 75 percent of global GDP and surpassing the cost of the global financial crisis⁵.

A large proportion of NCDs are preventable. They share preventable risk factors, such as tobacco use, obesity, lack of physical activity, and alcohol. Some research we funded shows that one-third of all cancers in the UK are preventable⁶.

² Ott JJ et al. Global cancer incidence and mortality caused by behaviour and infection. *Journal of Public Health*, 2011, 33(2):223-33

³ *Global health risks: mortality and burden of disease attributable to selected major risks*. Geneva, World Health Organisation, 2009

⁴ WHO status report on NCDs (2011)

http://www.who.int/mediacentre/news/releases/2011/ncds_20110427/en/index.html

⁵ [The Global Economic Burden of Non-communicable Diseases, A report by the World Economic Forum and the Harvard School of Public Health, September 2011](#)

Some chronic diseases share common risk factors, and some of these are preventable but a number of cancers (and other chronic diseases) have different risk factors, such as genetic predispositions.

Because of the size of the epidemic, the diverse causes, and the universal impact, chronic diseases are everyone's problem. The epidemic is too big for governments to solve alone. Tackling the chronic disease crisis head on requires a concerted and coordinated multi-sectoral response, with commitment from world decision makers. To succeed, this also needs: support from the global civil society movement and those affected by or living with these conditions; and involvement the business sector, where appropriate.

Health promotion and disease prevention: what more should be done?

What additional actions and developments are needed to address key risk factors to prevent chronic diseases?

As the reflection paper notes, “together tobacco use, poor diet, low physical activity and harmful alcohol consumption are the major risk factors for chronic diseases”. Our research confirms that tobacco remains the leading preventable cause of cancer.⁷

Much of the chronic disease burden in Europe, particularly at younger ages is preventable. In some parts of Europe, this is already happening to a great extent as a large proportion of people live into old age without experiencing chronic disease.

Governments need to urgently factor chronic diseases into their longer term health planning alongside other pressing health challenges. The good news is we have more political momentum and we have cost-effective solutions for addressing many of the risk factors, such as tobacco use and salt intake, as well as the diseases themselves. It is vital that we continue to build on this momentum, to forge a new partnership between governments, the UN, NGOs and the private sector, to tackle the preventable causes of this global epidemic.

Cancer Research UK is already undertaking a lot of work to address key risk factors, for example, patient information leaflets and posters about cancer symptoms and help on quitting smoking. These are completely independent and have been devised by professionals with the input of patients and are normally available in doctors' waiting areas. They are a good example of what an NGO like Cancer Research UK does and also the sort of activities the Commission and others might wish to be more pro-active in other countries / regions.

This would best be supported with evidence-based policies and legislation in key areas. In particular, there are steps on tobacco and, to a lesser extent, alcohol that would have a major impact on chronic disease prevention.

⁶ Parkin M, Boyd L, Darby S, Mesher C et al The Fraction of Cancer Attributable to Lifestyle and Environmental Factors in the UK in 2010, *British Journal of Cancer*, 2011 **105**: Si-S81

⁷ See reference above (no. 6).

Tobacco

According to the European Commission's own data, tobacco causes 650,000 deaths each year in Europe⁸. Effective tobacco control is key to rapid progress in reduction of non-communicable diseases. Non-communicable diseases (NCDs) including cardiovascular diseases, chronic respiratory diseases, cancer, and diabetes — account for about 60% of global deaths, mostly in countries of low or middle income. Tobacco use accounts for a sixth of these deaths.⁹

As part of the ongoing review of the Tobacco Products Directive (TPD), a stronger Directive would protect young people in particular from starting smoking in the first place. This would require, in particular, larger warnings (including pictures) on both sides of the packet and plain packaging. This would also include the removal of other forms of marketing e.g. by covering up displays at the point of sale, and regulation of flavourings and additives, in order to protect children and young people from the marketing of this highly addictive and seriously harmful product.

The EU should also urge member states to implement the other measures under the Framework Convention on Tobacco Control (FCTC)¹⁰, especially relating to smoke free public places, higher tax and support for people who are trying to quit smoking.

Alcohol

After smoking and obesity, alcohol is one of the most important modifiable risk factors for cancer. Recent research has shown that as little as a glass of wine a day can slightly increase the risk of breast cancer in women.¹¹ 4% of cancer cases in the UK in 2010 were linked to alcohol consumption. This is about 12,500 cancer cases.¹²

Research consistently shows that the more alcohol an individual consumes, the more they are increasing their risk of a range of cancers including oral, pharyngeal, oesophageal, laryngeal, breast, liver and bowel.¹³ Studies show that even light drinking can increase the risk of most associated cancers, and heavy drinking even more so.¹⁴ Although more research is needed in order to determine how the pattern of drinking affects an individual's risk, it is clear that the less an individual drinks, the more they reduce their risk of cancer. Stopping drinking has also been shown to reduce the risk of oesophageal cancer and head and neck cancers, compared with current drinkers.¹⁵

Cancer Research UK believes that more attention must be paid to the long-term health risks associated with alcohol consumption. Not only should individuals be aware of the risks associated with different levels of drinking, but they should also be aware of what constitutes an appropriate level of consumption to minimise risk. Cancer Research UK believes the use of guidelines to inform

⁸ [European Commission, Tobacco or Health in the European Union: Past, Present and Future, Luxembourg, 2004](#)

⁹ Glantz S & Gonzalez M, *Effective tobacco control is key to rapid progress in reduction of non-communicable diseases*, *Lancet* 2012; 379: 1269–71, September 29, 2011

¹⁰ <http://www.who.int/fctc/en/>

¹¹ Chen et al. (2011) Moderate alcohol consumption during adult life, drinking patterns, and breast cancer risk *Journal of the American Medical Association*.

¹² Parkin, DM (2011) [Cancers attributable to consumption of alcohol in the UK in 2010](#). *British Journal of Cancer* 105 (S2) S14-S18

¹³ IARC (2003) *World Cancer Report* (eds. Stewart, B. & Kleihues, P.) (Lyon: IARC Press)

¹⁴ Boffetta, P., Hashibe, M., La Vecchia, C., Zatonski, W. & Rehm, J. (2006) 'The burden of cancer attributable to alcohol drinking' *International Journal of Cancer* 119, pp. 884-7

¹⁵ Rehm, J, Patra, J. & Popova, S. (2007) 'Alcohol drinking cessation and its effect on oesophageal and head and neck cancers' *International Journal of Cancer* 121, pp. 1132-1137

consumers can be helpful, but we are concerned that many individuals are unaware of what these guidelines are and what they mean in terms of different drinks.¹⁶ We urge the EU and national Governments to make every effort to ensure that there is widespread understanding of drinking information across the EU.

Healthcare – early diagnosis and screening

What changes could be made to enable health care systems to respond better to the challenges of prevention, treatment and care of chronic diseases?

Improvements over the years mean more people are surviving cancer but cancer survival in the UK, and in many other EU countries, is still some way off the best in Europe. By diagnosing cancer at an earlier stage, and ensuring access to optimum treatment, it's hoped that significant improvements in survival can be made.

Cancer screening involves testing apparently healthy people for signs that could indicate cancer is developing. Screening can help doctors find cancer early, before any symptoms develop. Screening can also be used to prevent cancer from developing in the first place. In the UK, we have national screening programmes, for breast, cervical and bowel cancers. Cancer screening may save thousands of lives each year, but it can also have unintended harmful consequences. Patients should therefore be informed of the known benefits and risks before undergoing screening

We recommend that the EU puts further pressure on ALL member states to develop and implement evidence based screening programmes for cervical, breast and bowel (colorectal) cancer including the EU screening guidelines. There should also be greater support – at EU and national and regional levels – to better inform people of the signs and symptoms of cancer and other chronic diseases and of the effects of screening.

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The National Awareness and Early Diagnosis Initiative (NAEDI) is a public sector/third sector partnership in England between the Department of Health, National Cancer Action Team, and Cancer Research UK. The role of NAEDI is to coordinate and provide support to activities and research that promote the earlier diagnosis of cancer. This is a model which could be replicated in other member states.

Research

How should research priorities change to better meet the challenges of chronic disease?

Given the impact of chronic diseases on people in Europe and elsewhere, research into this area should be given greater priority.

In what areas is there a particular need for additional action at EU level?

Research is vital for understanding chronic disease and how best to prevent and treat it. **Cancer Research UK strongly supports measures to support research and innovation in Europe. Research and innovation are at the heart of the Europe 2020 agenda and will help people in Europe to live better and longer, as well as support growth in a time of economic difficulty.**

¹⁶ Gill, J.S. and O'May, F. (2007), 'People seem confused about sensible drinking messages' *British Medical Journal* 332, pp. 302-303

EU Research Funding, through 'Health for Growth' and Horizon 2020, should aim to create efficiencies in research by leveraging the expertise and intellectual property of other European research institutions through collaboration.

Based on discussions with our researchers and funding managers, there appears to be a mixed picture of EU funding. While some research groups are familiar and comfortable with EU funding processes, others do not have such a good understanding and will actively choose not to apply for it. **We would therefore strongly support further activities to encourage the increased participation of organisations, including academia and NGOs, to help them to better understand, and apply for EU funding.**

Cancer Research UK also believes that the current level of funding should be maintained and there should be greater measures to support the participation of academia and not-for-profit organisations. This will help the EU to meet the Europe 2020 strategy in supporting research across Europe, particularly in areas that might not otherwise be undertaken.

Multidisciplinary collaboration should be supported, given the importance of health and medical research. Medical research is increasingly an international endeavour, and requires the cooperation of EU Member States with other countries, such as the United States and Japan. As befits Framework Programme funding, such cooperation enables the sharing of understanding, reduces duplication, and pushes innovative research, enabling leading scientists in related fields to work together. Cooperation with countries within, and outside of, the EU is particularly necessary for clinical trials, where there is a need, for example in stratified medicine and rare cancers, to work internationally in order to achieve a sufficient patient population.

Cancer is responsible for one in five deaths in Europe. Every year, an estimated 2.45 million people in the EU are diagnosed with the disease and there are 1.23 million deaths from cancer in the EU every year¹⁷. Most forms of cancer are linked to age: the older you are the higher your risk, so older populations generally have more cases of cancer. While progress has undoubtedly been made, there are new challenges ahead, with an ageing population leading to an increase in the incidence of cancer.

With better prevention, screening and treatments, more European citizens could survive – or avoid cancer and other chronic diseases altogether. Since active and healthy ageing is a priority area for DG Research, specific cancer projects must be identified for opportunities for research funding – including basic research, and research on prevention and treatment. **We believe there needs to be continued support for key areas such as cancer. There should also be greater support for related areas of health research, such as prevention, early diagnosis and personalised medicine.**

Tobacco remains the number one public health issue for Europe and we propose four main priorities for EU-funded public health research:

- i) to update the EC-funded ASPECT report which summarised tobacco control policies already in place and needing to be introduced across the EU;
- ii) to implement EU-wide monitoring of smoking prevalence (currently the different surveys do not match up and we do not have an EU-wide picture so it's hard to measure progress)
- iii) to set up a collaborative network of academic centres based on the model of the UK Centre for Tobacco Control Studies (UKCTCS) but at the EU level, engaged in tobacco-related public health research and translating the findings into policy recommendations

¹⁷ Globocan 2008 EU 27 Factsheet:
<http://globocan.iarc.fr/factsheets/populations/factsheet.asp?uno=990>

iv) tobacco research should be given its own budget line. Article 20 of the FCTC states that ‘Parties should coordinate research at regional and international levels’ and that the EU, as a Party to the FCTC, could therefore legitimately include this specific budget line in the next Research Framework Programme, Horizon 2020.

The EU should also put pressure on member states to support research through the 3% GDP target and also have targets that are more binding in the future.

In what areas is there a particular need for additional action at national level?

Greater coordination is needed between ministries of research and ministries of health at the national level, in terms of funding, to prevent duplication. EU level coordination and funding should focus on areas where research would not otherwise be undertaken and ensuring there is comparative research across the EU. This includes supporting academia and NGOs who undertake research. In particular, such organisations are more likely to undertake research which has a societal benefit but where a monetary benefit may not exist, or may not be clear at the outset, and therefore would not be undertaken by industry, such as basic research.

What will you/your organisation contribute to address this challenge?

Cancer Research UK will continue to undertake a broad research programme. We are also one of the organisations in an innovative partnership between Cancer Research UK, the Medical Research Council (MRC), the Wellcome Trust, UCL (University College London), Imperial College London and King’s College London, to build the ‘Francis Crick Institute’. The work of the Institute will help in the fight against diseases such as cancer, heart disease, stroke, difficult-to-treat neurodegenerative conditions, and infectious diseases. The Institute will bring together the research capacities and complementary expertise of the different organisations and promote connections between researchers, between disciplines, and between academic institutions, healthcare organisations and businesses. Dedicated to research excellence, it will have the scale, vision and expertise to tackle the most challenging scientific questions underpinning health and disease.

Information and information technology

Like research, data is crucial and an area where the EU can play a crucial role, through the Eurobarometer and other studies in providing useful data, especially comparative data across Europe.

For example, Cancer Research UK has worked with the International Agency for Research on Cancer (IARC) to provide thorough statistics for cancer across the world¹⁸.

Other areas

What additional areas for action should be considered? Which of these should be addressed by activities within EU Member States? Which should be addressed through activities involving cooperation at EU level?

At the UN High Level Meeting on prevention and control of NCDs in September 2011, world leaders unanimously adopted the Political Declaration on NCDs, agreeing that “the global burden and threat of NCDs constitutes one of the major challenges for development in the twenty-first century, which undermines social and economic development through the world”.

¹⁸ <http://info.cancerresearchuk.org/cancerstats/world/the-global-picture/>

Cancer Research UK supports the global NCD Alliance and believes it is key that Governments now deliver on their commitments to address the rising threat of cancer, cardiovascular disease, chronic respiratory disease and diabetes. NCDs must be integrated into national goals, as well as the Millennium Development Goals (MDGs) and into any successor framework after 2015 when the MDGs expire.

We are concerned that there have been some significant changes to the goals on NCDs proposed in the WHO discussion paper¹⁹ including:

1. The number of proposed targets has gone down from 10 to 5
2. Two of the original targets are still in: mortality and blood pressure, but both have 25% relative reductions
3. Two of the original targets have been changed:
 - tobacco down from 40% to 30% relative reduction
 - salt from 5gms per day to 30% relative reduction with aim to achieve 5gms per day
4. Gone are the targets on diabetes, alcohol, transfats, obesity, multi-drug therapy, cancer screening.

The global targets need to be realistic, with a process and timeline for additional targets. **The EU and member states should therefore call for the WHO to reinstate the original ten goals – at the World Health Assembly in May. We also call on the EU and Member States to invest time and resources to this and invite civil society into this process.**

Conflicts of interest

We also believe for all levels of Government to properly address the issues relating to chronic diseases, a Code of Conduct and Ethical Framework is vital to help protect the integrity of, and to ensure transparency in, public policy decision-making, by safeguarding against, and identifying and managing conflicts of interest.

Cancer Research UK supports the Conflict of Interest Coalition (COIC's) Statement of Concern²⁰ which was sent to the President of the United Nations General Assembly and the co-facilitators of the United Nations High Level Meeting on the Prevention and Control of Non-Communicable Diseases.

The Statement was developed by the Conflicts of Interest Coalition and was submitted to the President of the UN General Assembly in September. It has now been endorsed by 159 national, regional and global networks and organisations working in different fields of public health, including medicine, nutrition, cancer, diabetes, heart disease, lung disease, mental health, infant feeding, food safety and development.

In addition to the submissions made by individual organisations to this consultation, we request that the principles and recommendations are applied to all areas of the WHO's public health policy setting, but in particular to its work on NCDs.

The Statement focuses on the lack of clarity regarding the role of the private sector in public policy-making and calls for the development of a Code of Conduct and Ethical Framework to help protect the integrity of, and to ensure transparency in, WHO's public policy decision-making, by safeguarding against, identifying and managing conflicts of interest.

¹⁹ http://www.who.int/nmh/events/2012/consultation_april_2012/en/index.html

²⁰ <http://www.babymilkaction.org/pdfs/COIC%2011Jan2012.pdf>

The Statement calls for:

- a clear distinction to be made between business-interest not-for-profit organisations (BINGOs) and public interest non-governmental organisations (PINGOs)
- a clear differentiation between policy and norms and standards development and appropriate involvement in implementation.

Since the major causes of preventable death are driven by diseases related to tobacco, poor diet, physical inactivity and alcohol drinking, the endorsers of the Statement are concerned about the overuse of the term 'partnerships' – without any clarification of what this term means. We remain concerned that public-private partnerships in these areas can counteract efforts to protect and improve public health.

We call on the WHO to develop guidance for member states to identify conflicts and eliminate those that are not permissible. We to also ask the WHO perform thorough risk/benefit analyses on partnerships and provide surveillance on those considered acceptable.

Transparency, although an essential requirement and first step, is not a sufficient safeguard in and of itself against negative impacts of conflicts of interest.