

7<sup>th</sup> European Health Forum Gastein 2004  
"Global Challenges for Health  
European Approaches and  
Responsibilities"



**Cancer Treatment: A Priority for  
Patients in Europe**

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***Every one out of three European citizens is confronted with the diagnosis of cancer at any time of his life. But is the principle "equal access for the same needs" in Europe really taken into account? This is the topic of discussion, cancer experts and patients' representatives were confronted with at this year's European Health Forum in Bad Hofgastein.***

**Not Each Urologist Is a Cancer Expert**

What happens if "cancer of the prostate" is detected? Normally physicians will suggest three ways of treatment: surgery, radiation or – in case the patient is already very old – wait and see. "Yet, these are by far not all varieties of treatment existing nowadays", criticised the patients' representative Christian Ligensa, Vice President of the Federal Union "Cancer of Prostate Self-Help", Germany, at the 7<sup>th</sup> European Health Forum Gastein (EHFG). The possibilities mentioned above do not rarely involve a restriction of the quality of life, incontinence or virility problems. "A patient who is informed by his urologist about all the ways of treatment, involving possible secondary symptoms, can count himself lucky." Unfortunately, this is not often the case, deplores Ligensa; not because of the doctor's lack of commitment, but of the fact that "urologists are primarily specialists for organs and not for cancer".

**Caught in a Maze of Information**

Nowadays, a great number of patients consult more sources of information than only the doctor – books, the internet or self-help groups. "All of a sudden, they find themselves confronted with an overwhelming variety of healing attempts, excellent as well as questionable ones. But in most cases, the patients are anyway condemned to get the treatment the health system can afford", said Ligensa about the current situation. "Becoming a mature patient and standing up for optimal treatment" would be the only way out of this dilemma. The patients' representative asks for the establishment of an interdisciplinary

network and a "competence centre", where all the methods of treatment are tested, the best ones filtered out and made accessible for all European patients.

### **Successful Lobbying for Breast Cancer Patients**

Susan Knox from "EUROPA DONNA" (The European Breast Cancer Coalition) proves that it is actually possible to realise Ligensa's claim. This organisation started with specific lobbying in 2000, in order to receive help from the EU with the improvement of breast cancer prevention and treatment as fast as possible.

### **State-of-the-Art-Treatment for All European Women**

The European Parliament granted quality treatment, a precedent in the EU, which member organisations can now refer to, in case they start campaigns in their own country. "Yet a lot has to be achieved until the European policy can be put into practice on national level", admits Knox. So far, initiatives have been started in 14 countries. "We are confident that we can push our plans forward. More and more women participate in "Europa Donna". Within the last five years, the number of member countries has risen from 19 to 34. We have a central responsibility that ties together: Fight for breast cancer treatment, according to the latest developments in research, for all European women!"

### **Who Decides About the Treatment?**

At the EHFG, John Smyth from the Federation of European Cancer Societies (FECS) referred to the discrepancy between the recently developed medical possibilities, and the political and financial will of actually applying the latest discoveries. "In some cases, magnificent European therapy attempts never appear on the surface at all", states Smyth. The FECS tries to spread latest knowledge by organising scientific seminars and encourage constructive discussions between specialists for multi-disciplinary cancer treatment, politicians and patients. "It should be in everybody's interest to make the best varieties of treatment accessible for everyone", says Smith. "The public community should be increasingly involved in the decision making process concerning the access of treatments. Yet people should be prepared to pay for it.

The European Health Forum Gastein is Europe's largest interdisciplinary health-political congress which takes place from 6<sup>th</sup> to 9<sup>th</sup> of October in Bad Hofgastein. This year's central theme is "Global Health". Over 600 high-ranking representatives from the world of politics, business and science, as well as providers and consumers of health services discuss the topical issues of the European health policy.

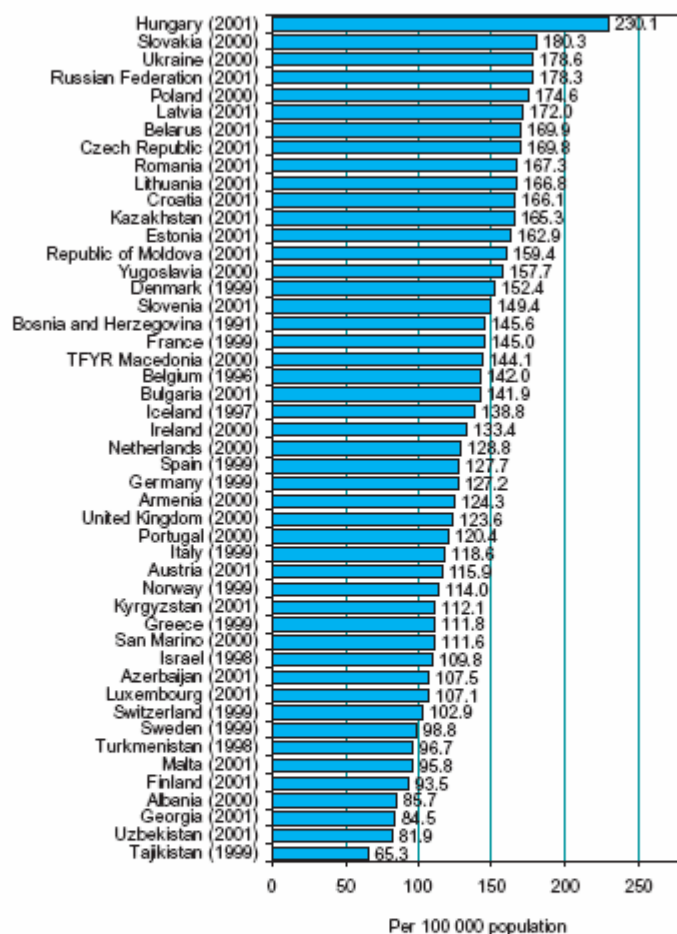
### **Figures and Facts about Cancer in Europe:**

#### **Deaths from cancer**

Trends in cancer death rates show some general improvement in the EU and the CIS, while in the central part of the Region the overall situation is deteriorating. The average cancer mortality in Western countries is relatively low in younger age groups and relatively high among the older population. The opposite is true in the CIS while, in the central part of the Region, mortality is high in both younger and older age groups. Female mortality from lung cancer is steadily increasing in the western and central parts of the Region.

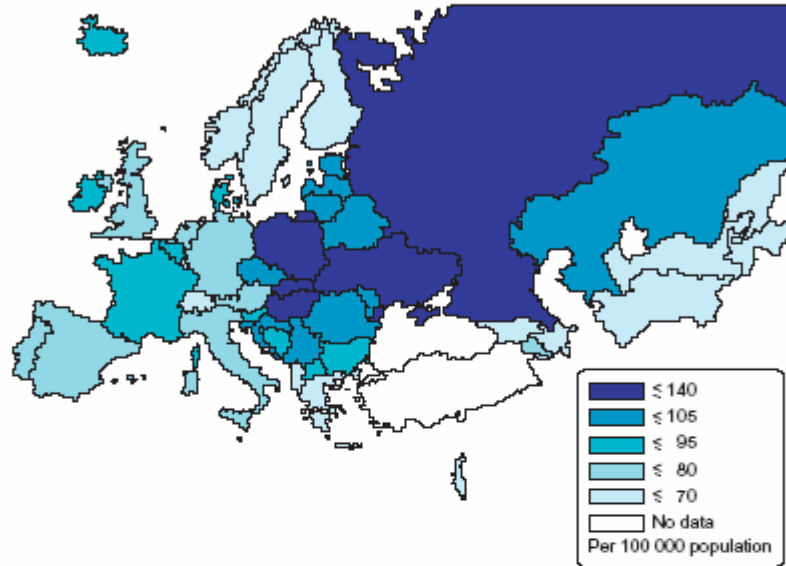
## Causes of death

## Deaths from cancer, 25–64 years

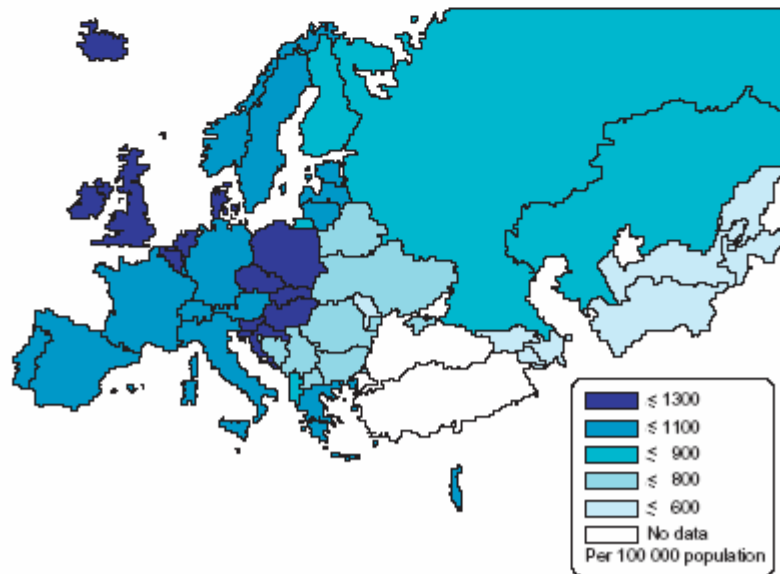


**Causes of death**

Deaths from cancer, 0–64 years

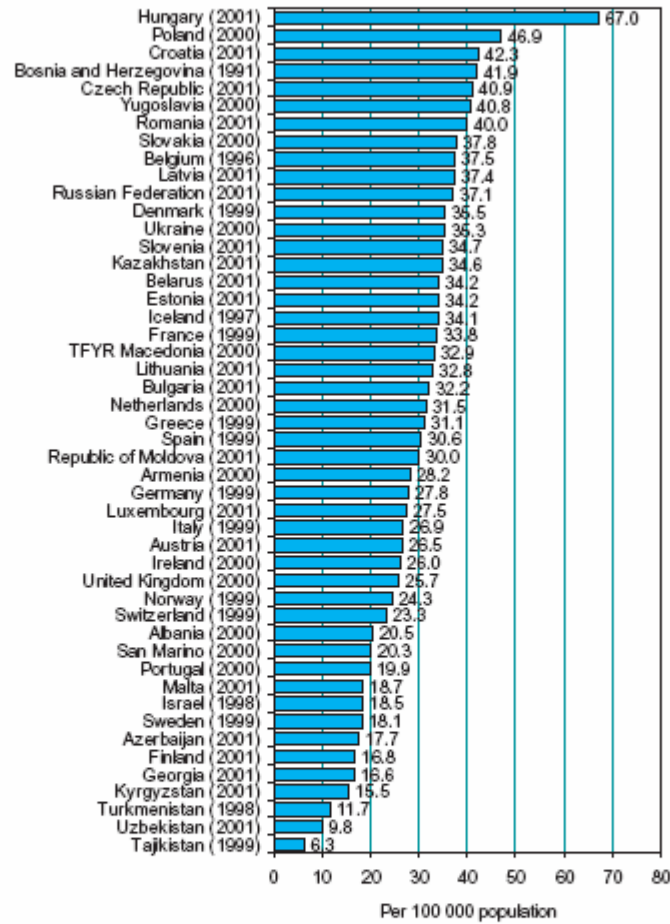


Deaths from cancer, 65 years and over



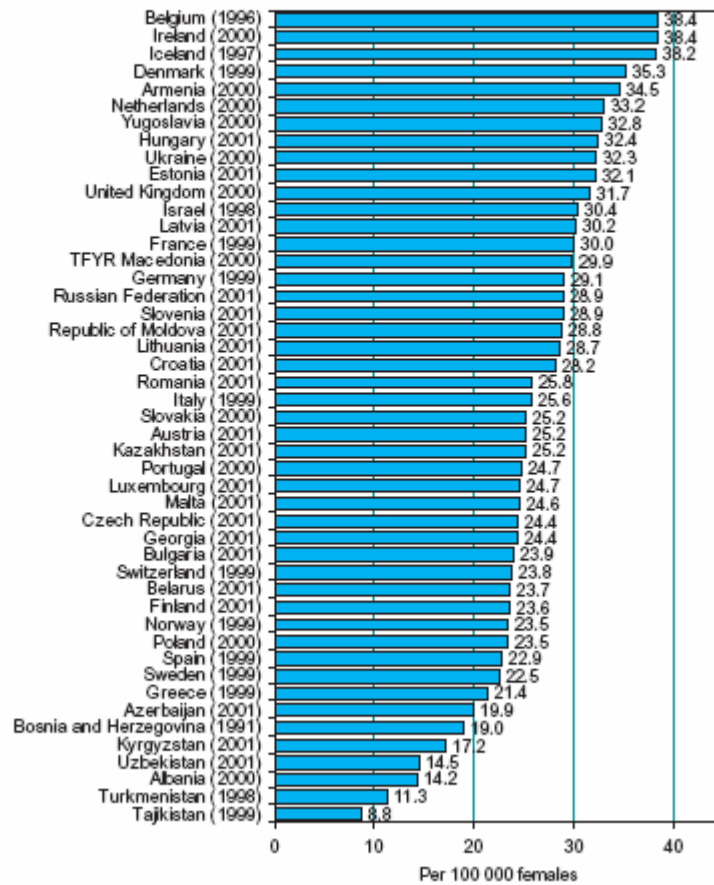
## Causes of death

## Deaths from lung cancer, 25–64 years



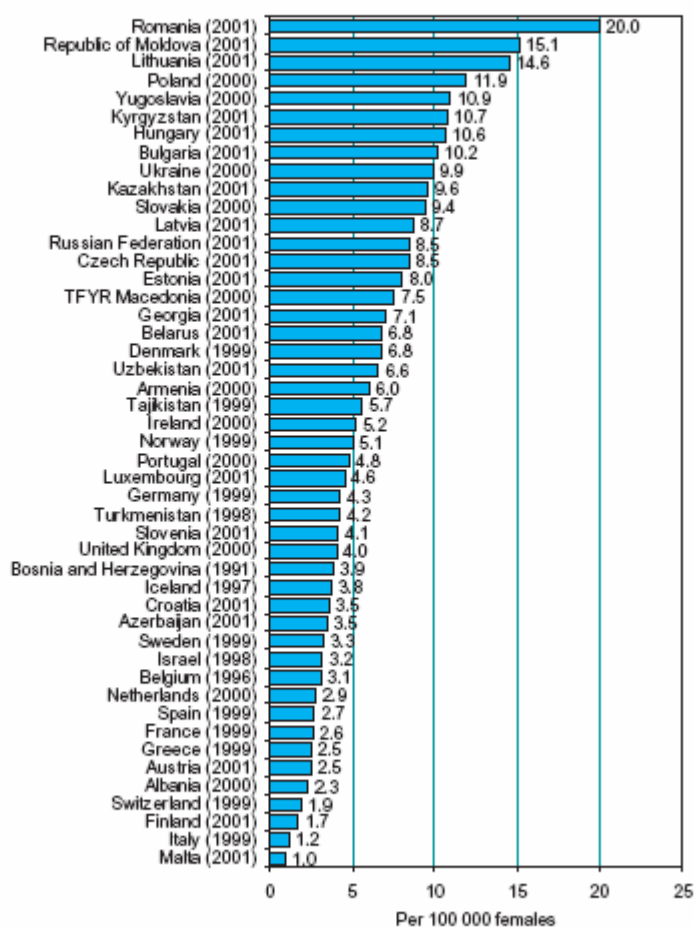
## Causes of death

## Deaths from female breast cancer, 25–64 years



## Causes of death

## Deaths from cervical cancer, 25–64 years



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