Survivors and Women Across Europe
Working Together to Ensure Equality of Care for All Women

Turning advocacy attention to
• Health economics and drug pricing
• The needs of special populations: the elderly, the young and those with metastatic breast cancer

Answering the advocates
Dr. Ian Tannock on health economics and access to new treatments
Dr. Matti Aapro on older women with breast cancer

Top news from EBCC-6
Living with breast cancer
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Announcing
15 October
Breast Health Day
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EUROPA DONNA continues to expand and we are proud to welcome another new member, Belarus, that has joined us as our 41st member country. The many and varied activities of our individual country organisations are another sign of success and power and contribute to our strength as the European Breast Cancer Coalition. The 6th European Breast Cancer Conference (EBCC-6) that took place in Berlin in April 2008 was a highlight for EUROPA DONNA. As ED President, my role as co-chair at EBCC-6 was evidence of the growing importance of our advocacy organisation in Europe. It was a great honour and pleasure for me to address the 5,700 participants and give out the Nathwani Prize during the opening ceremony for the short film Busenfreundinnen/ Affaires de Bain about communication. For the first time there were five ED advocacy fellowships in addition to the bursaries provided by EUROPA DONNA to attend EBCC-6.

The voice of EUROPA DONNA has been heard in many different contexts over the last year. I represented ED at the European Cancer Organisation (ECCO) patient seminar in Barcelona, and in November 2007 the European Society for Medical Oncology (ESMO) invited us to a patients’ seminar where I gave a presentation about ED’s 10 goals, our efforts and lobbying activities to ensure that all women know where to go to get state of the art breast cancer treatment. In co-operation with ESMO, Breast International Group (BIG), St Gallen Oncology, the European Society of Breast Cancer Specialists (EUSOMA), the European Organisation for Research and Treatment of Cancer (EORTC), the European School of Oncology (ESO) and EUROPA DONNA, a new conference on translational research, IMPAKT, will be launched in May 2009. The Organisation of European Cancer Institutes (OECI) has invited patients’ organisations to be part of the work toward accreditation for comprehensive cancer centres. We are represented in BIG, whose mission is to promote and accelerate breast cancer research internationally, as well as on several steering committees for clinical trials. ED also has a seat at the table on the steering committee of MINDACT, a study using micro-array technology that is now recruiting patients.

We are also involved in the planning of the 2nd Inter-conference Breast Cancer Meeting in Sarajevo in April 2009. The aim of the conference is to extend the successes of the European Breast Cancer Conferences and bring the latest advances and achievements to the Balkan area and Central and Eastern Europe. Galina Maistruk, a member of the ED Executive Board, will co-chair the conference.

During the past year I have visited three of our national fora and member countries, Slovenia, Malta and recently Lithuania. The conditions in these countries differ considerably and it was most interesting to hear about the challenges for breast cancer advocates working in smaller nations and under such contrasting conditions. We hope to see all of our National Representatives and National Delegates at the first ever Breast Health Day to be launched in Milan, where EUROPA DONNA was founded and continues to hold its Head Office, on 15 October. It will be an important opportunity to learn and understand more about breast health, screening, diagnosis and the EU guidelines. I hope that representatives from all of our 41 member countries will attend so that they can share information with fellow advocates and be part of our General Assembly to ensure that the ideas from all the Fora are heard.

“The many and varied activities of our individual country organisations are another sign of success and power and contribute to our strength as the European Breast Cancer Coalition”
Advocacy in EUROPA DONNA NEWS

Executive Director Susan Knox

Progress on our Strategic Plan implementation and our various advocacy projects is advancing rapidly in 2008. EUROPA DONNA continues to be innovative and to show leadership in achieving its breast cancer advocacy goals across Europe with unflagging integrity and transparency. Our strength comes from the solidarity and commitment of the many women working at the national level in co-operation with many outstanding professionals in this field, and our Executive Board and staff, who are all dedicated to carrying out our European strategy and goals. EUROPA DONNA is an organisation dependent not on one individual effort but on a sum of efforts; it is the epitome of a team effort to constantly improve breast health and breast services in an unbiased, impartial fashion.

During the conscientious application of these efforts in the last year, ED took part in the Slovenian EU Presidency Meeting on Cancer held in February, where ED’s work was highlighted and our Short Guide to the European Guidelines was discussed. The final report of the EUROCAN+ project, including ED’s recommendation that there must be patient advocacy representation in the future European cancer research agenda, was presented as well as an interim report on national mammography screening programmes.

EBCC-6 brought us all together for another extremely successful conference in which we shared information and views as equal partners with the breast cancer community made up of 5,700 advocates, researchers and clinicians. Specialist breast units are beginning to be set up in many countries. Initiatives such as the EUSOMA certification process and the SenoNetwork are moving forward to develop protocols and methodologies for units to establish themselves according to the EU guidelines. ED will continue liaising with these groups and providing input into their activities as appropriate. We have begun to focus more on the health economics issues surrounding access to effective treatments in all our countries and our presentation at EBCC on this topic is available via webcast. At our General Assembly at EBCC we also welcomed the 41st member of our Coalition, Belarus. A

TRANSBIG workshop was held at EBCC-6 and ED contributed to the creation of a new pamphlet describing the MINDACT trial for the lay public and advocates. Our Short Guide to the European Guidelines was distributed to all conference delegates in the conference pack and our stand provided a good meeting place for advocates. The Short Guide has been translated into French and Spanish; translations into German, Italian, Russian, Greek and Turkish are under way, and Polish, Swedish and Slovenian will follow.

ED was interviewed for a major documentary on cancer that will be released by the International Agency for Research on Cancer (IARC) next year. It is entitled “Cancer is...”.

Our Strategic Plan is being launched this year, including many new initiatives that will raise awareness, increase transparency, diversify our funding, and provide additional Forum support. As part of this implementation, our annual report and financial statements have been posted on our website. A new staff member will join us in September to work on diversified funding opportunities and grant applications. We are also revising our constitution to become an ONLUS (organizzazione non lucrativa di utilità sociale) so that we can begin fundraising efforts directed to the public and individuals.

We will hold our first National Representative Day in October bringing together representatives from all our 41 member countries to share advocacy techniques and to increase their skills and knowledge. The training will be provided to members by members (i.e., former Presidents, national representatives and board members will conduct the sessions).

Finally, we will launch Breast Health Day on 15 October with all our national representatives and delegates gathered in Milan. There is now clear evidence and research results demonstrating the influence of lifestyle and other factors on breast cancer incidence. It is important for ED, as Europe’s breast cancer advocacy organisation, to address areas of prevention and early detection through education and information programmes in this area. ED will remain committed to this new annual initiative to raise awareness of and promote breast health for women and girls across Europe. This will include stressing the importance of implementation of the EU guidelines with our Short Guide. In addition, a new Guide to Breast Health (based on our Breast Health Passport) will be released as a companion piece. A media spot highlighting these two documents and what women should know will be aired in all our countries in October and a Breast Health Day website will be launched covering European and national activities in this regard. Keep watching our website for more information.
EUROPA DONNA’s Strategic Plan implementation

Many activities are now underway to support EUROPA DONNA’s Strategic Plan implementation. The first step is to improve communication of the Coalition’s positioning to the public, to increase public awareness of ED, to ensure more transparency and to expand funding and resources.

ED’s communication strategy will be reinforced with three main events in October:

- A National Representative Day
- The launch of the first ever Breast Health Day, on 15 October, including the publication of a new Guide to Breast Health and the creation of a new website section (www.breasthealthday.org and www.breasthealthday.com)
- A Europe-wide public service television announcement

The next two steps of the Strategic Plan will be to intensify ED’s European presence and increase its country support. The Strategic Plan was reviewed in detail at ED’s General Assembly in Amsterdam in October 2007 and the Implementation Plan was agreed by the Board in January 2008. It is based on a Strategic Review that involved 35 interviews with key persons inside and outside the Coalition, web survey responses from 30 National Fora and research of six benchmark organisations.

Executive Board comments on Plan

The EUROPA DONNA Executive Board has given its total and unanimous support of the ED Strategic Plan: “This Plan is the way forward as it will further consolidate ED’s mission and establish its priorities for the next 5 years.”

“The Strategic Review was possible thanks to the input provided by many of our members as well as highly respected European and international cancer organisations – The European Cancer Network, EORTC, European Patients’ Forum – to name a few. We highly value these opinions and have embraced many of them in this Plan,” said Ingrid Kössler, ED President.

Astrid Scharpantgen, ED Board Member, added, “We will undertake new activities to implement this Plan while also continuing our core activities. As always, our main priority is seeing the EU guidelines implemented. To this end we have published our Short Guide on these guidelines, also with EU support.”

As part of the Strategic Plan involves diversification of funding, ED National Delegates have voted in favour of a constitutional change that will allow funding from individuals. ED Treasurer Christine Murphy-Whyte said, “Our funding sources vary from year to year and by opening up the possibility of individual donations, we will be able to increase our funding and step up our European advocacy activities.”

The main event in this year’s implementation of the Strategic Plan is the new Breast Health Day campaign focusing on education, awareness and prevention. Ellen Verschuur, ED Vice-President said, “This new initiative will help to strengthen our communication strategy as a Coalition of women in 41 countries and thereby help advocates promote breast health education in their countries. This will ultimately lead to reducing the incidence of this disease, which 430,000 women in Europe are diagnosed with each year.”

EUROPA DONNA comments on sponsor relationships in Parliament Magazine article

The following is a summary of the article published in June

EUROPA DONNA expressed shock at some recent news articles aiming to undermine sponsor contributions which represent the core of philanthropy everywhere and the basis on which NGOs function throughout Europe and the world. Our policies, our constitution, the leadership of our voluntary Board, our General Assembly, and internal policies all provide safeguards and checks and balances. ED has always maintained its integrity by ensuring that all grants are unrestricted and that transparency is maintained in all our activities.

EUROPA DONNA recently adopted a Strategic Plan with the help of pro bono work provided by the Boston Consulting Group. Our financial statements, annual report and sponsorship policy are now clearly posted on our website. This Plan could never have been undertaken with our usual funding capabilities and represents an excellent example of the ways in which corporations can provide meaningful support to NGOs that is not monetary.

Our priority for 2008 is the distribution and translation of our Short Guide to the European Guidelines in order to get the EU guidelines implemented across Europe. We have worked with the European Commission on this and other initiatives to improve breast services for all the women of Europe and will continue to do so in the future.

These important initiatives would not be possible without the unrestricted grants of generous corporate sponsors. To question these funding sources which are fundamental in carrying out our organisation’s programmes as well as those of most NGOs in Europe, is therefore potentially damaging to all European patients and to the health of all European citizens.
Breast cancer became a challenge to my life 13 years ago around the time of my 43rd birthday. My family doctor had dismissed a lump in my armpit as unimportant. I was unhappy with this diagnosis and went to my gynaecologist who promptly followed up – yes, SHE did! Four weeks later I had a mastectomy from which I recovered rapidly.

Husband, three children (who I had breast-fed), two large dogs, schools and college activities, friends, life – and I had to fit in chemotherapy as well! No time for fear! Operate, eliminate, lose hair, get better: no fuss please! This was my way of dealing with a shock wave of which I was the epicentre. Oh – no wig for me, just lots of sunscreen – bald reality! My surgeon and oncologist were honest in their advocacy so I decided to trust them and their staff with words I did not always understand. Words which explained what might happen and how – but always words of a positive outlook which were filled with care. My family had no real advocates to whom they could turn for support; they also had emotional needs but had to care for themselves as I was often unwell. I also had to contend with public curiosity and yes – verbal humiliation! Family and friends belonged to a different place, as disease can isolate us, one from another.

Joining EUROPA DONNA was a turning point! The scale of the science, the complexity of treatment options and the vast numbers of informed women seemed overwhelming. It feels like an expanding family with purpose and compassion – a European family! Always plenty to debate and improve upon! Sharing moments of laughter together is a triumph over the dark clouds of life.

It is important to remember all those who work towards a cure for breast and other cancers!

“Living with breast cancer positively made my small safe world into a huge emotional adventurous challenge”
Participation in the 6th European Breast Cancer Conference was greater than ever: some 5,700 breast cancer specialists and advocates from 95 countries attended EBCC-6 in Berlin from 15-19 April. EUROPA DONNA (ED) in partnership with the European Organisation for Research and Treatment of Cancer (EORTC) and the European Society of Breast Cancer Specialists (EUSOMA), hosted the conference, where physicians and advocates alike heard about the latest findings in drug therapy, imaging, molecular targeting, managing special patient populations, screening, and implementation of specialist breast units. This report highlights some of the new results presented, covers topics of priority to EUROPA DONNA, and dedicates a section to presentations about special populations of breast cancer patients, such as younger women and the elderly. A recurring theme was the need for treatment to be tailored to the type of breast cancer and thus to each individual woman.

A new topic was brought to the fore in the Keynote Symposium “Can we walk away from economics?”, where ED Executive Director Susan Knox presented the advocate’s view, calling for health economics to be given a prime spot on the advocacy agenda. She emphasised that effectiveness rather than cost-effectiveness must be the main determinant in the introduction and availability of new treatments.

To further explore the issues of health economics and special populations, ED’s Answering the Advocates interviewed Dr. Ian Tannock and Dr. Matti Aapro in Berlin. Their responses can be found at the end of this report.

EUROPA DONNA President and conference co-chair Ingrid Kössler presented the following messages for future action:

- Involving advocates in decisions about health economics and access to new medicines, and developing guidelines on this for inclusion in the EU guidelines for specialist breast units
- Giving special consideration to certain segments of breast cancer patients, such as younger and older women, and those with metastatic breast cancer
- Improving education about screening programmes and lifestyle factors influencing incidence and survival
- Expanding and implementing screening programmes across Europe to extend meaningful life span
- The right for women to be treated by a multidisciplinary team in specialist breast units
- Establishing rehabilitation programmes to help women return to the workforce
- Fostering independent research to ensure that trials are conducted without bias and address areas that may not be of interest to industry
Keynote Symposium: Can we walk away from economics?

Evidence of effectiveness can lead to cost-effectiveness

The price of a drug should be related to its degree of effectiveness, Dr. Ian Tannock of Princess Margaret Hospital in Toronto suggested in the Keynote Address. He added that currently the European Medicines Agency (EMEA) does not consider cost-effectiveness when approving a drug, and that new agents are also being approved with insufficient evidence of their clinical benefit.

The pharmaceutical industry’s philosophy of maximising profits is contrary to the health care system philosophy of maximising clinical benefit, he said. Dr. Tannock suggested that with the large European market, drug prices could be tied to drug effectiveness, which in turn would stimulate more equitable distribution of drugs based on effectiveness rather than price.

For more on this topic, read what Dr. Tannock told ED’s Answering the Advocates on page 12.

Key points from the Keynote Symposium

Nils Wilking, Karolinska Institute, Stockholm, Sweden

- Drug costs have increased fivefold in the last 10 years, as indicated in a study of 25 countries, and will continue to increase at around the current rate of 10–15% per year
- Two new cancer drugs are now approved every year, and the number is expected to increase
- There are more oncology drugs in development than all other drugs combined

Eric Winer, Dana Farber Cancer Institute, Boston, USA

- In a U.S. survey, more than 55% of doctors responded that when recommending expensive cancer treatments with limited efficacy, oncologists have a responsibility to balance the well-being of the patient with the use of society’s resources. However, control of drug costs cannot lie with the individual
- It may be possible to eliminate wasteful medical procedures and expenses through better education and promoting cost-effective treatment decisions through guideline development and adherence
- Escalating drug costs will be an obstacle to advances in biomedical research and a new system of financing drug development, pricing and setting reimbursement policies must be found

Getting advocates a seat at the table

In her presentation at the EBCC-6 Keynote Symposium, ED Executive Director Susan Knox called on politicians, health ministers, health economists and industry to seek the best solution to ensure the delivery of all effective treatments to the patients of Europe. She said that it was time for health economics to become a main advocacy priority and for advocates to be included in key decisions about treatment access.

“While these decisions raise ethical concerns and have an impact on pharma profits, we need to start speaking openly about them,” she told the thousands present. She added that effectiveness must remain the criterion for introducing new treatments. The reasons for the disparities in drug costs even among EU member states, and differences in coverage of these costs by each country’s health system must be addressed, she said.

Ms Knox suggested that advocates become involved at a national level in the cancer control plans implemented in some countries, as these help to structure and organise the delivery of needed services and treatments to breast cancer patients in the future. With the ageing population and the growing cancer burden, she said that negotiations must begin now to ensure that health care budgets can cover the cost of treating future patients. At the same time, emphasis must be placed on prevention and promoting healthy lifestyles and participation in screening programmes.

“Breast cancer advocates need to keep a close watch on the economic decision-making process utilised in each country and become a part of this important process which ultimately will have an impact not just on us as patients, not just on us as women, but on all of us – on all citizens,” she said while presenting pictures of breast cancer survivors, showing that each breast cancer case involves the life of a woman.

Webcasts of this session are available at www.ecco-org.eu

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The latest news in breast cancer

Advocates need to stay up-to-date with the latest research findings. Below are some highlights of data presented, reinforcing the need for individualised treatment.

Late Breaker

Mammography screening up to age 75 increases survival

Data from the Dutch breast cancer screening programme indicate that screening in women up to age 75 has a high cancer detection rate, a high participation rate, lower disease stage at detection, and a decreased incidence of mastectomies and is cost-effective, Dr. Jacques Fracheboud of Erasmus Medical Center in Rotterdam reported in a Late Breaking session. Since the Dutch screening programme extended its upper age limit to 75 in 1998, the breast cancer mortality rate has dropped almost 30% in women aged 75–79, the group in whom a survival benefit would be detectable. The study included more than 850,000 70–75-year-olds who participated in the screening programme from 1998–2006. Since tumour growth slows with age, and the tumour detection rate gradually increases with age, Dr. Fracheboud suggested that 75 was the appropriate upper age limit for screening.

See the webcast: www.ecco-org.eu

Late Breaker

Women aged 55–75 with early stage breast cancer may not need radiotherapy after lumpectomy

Radiotherapy following breast-conserving surgery may be avoided in women aged 55–75 years without greatly increasing their risk of local recurrence and death, Dr. Pinuccia Valagussa of the National Tumour Institute in Milan reported in a Late Breaking session. Dr. Valagussa presented the results of a more than four-year follow-up of women who received breast-conserving surgery and radiotherapy or breast-conserving surgery alone. Total incidence of local recurrence was 0.7% for surgery plus radiotherapy and 2.5% for surgery alone, while overall survival was 95% and 96%, respectively. She concluded that breast irradiation may be avoided in this age group, thereby eliminating the side effects of radiotherapy and preventing unnecessary mastectomies in centres without radiotherapy facilities.

In a discussion of this presentation, Dr. Alain Fourquet of the Institute Curie in Paris countered that previous studies have shown a significant survival benefit with radiotherapy, and that this effect has been shown to be age dependent. He added that more long-term follow-up is needed in postmenopausal patients.

See the webcast: www.ecco-org.eu

A subset of women with breast cancer with an excellent prognosis may opt to forego radiotherapy

In women with early breast cancer with an excellent prognosis, radiotherapy alone and tamoxifen alone were equally effective in reducing the local recurrence rate after breast-conserving surgery, with the greatest effect found when the treatments were given together, results from the BASO II trial have shown. Dr. Roger Blamey presented the 10-year follow-up results showing an annual local recurrence rate of 0.5% for radiotherapy alone and tamoxifen alone, compared to 0.1% for concurrent radiotherapy and tamoxifen, and 1.7% in women who received neither treatment. He suggested that in this group of low-risk women, endocrine therapy could replace radiotherapy, which could be more acceptable, convenient and cost-effective. The current treatment strategy after breast-conserving surgery in women with hormone-receptor-positive tumours is radiotherapy plus endocrine therapy.

The self-seeding theory of tumour growth: possible targets for therapy?

In a EUROPA DONNA Teaching Lecture, Dr. Larry Norton of Memorial Sloan-Kettering Cancer Center in New York said that his theory of self-seeding tumour growth, whereby tumours grow from the periphery rather than their core, may help to direct therapy once the many genes involved in the process are better understood. He mentioned an expansion to his theory in which the “seeding” cells are cancer stem cells, and that the prevention of their migratory ability is an area to be explored. Based on mathematical models, Dr. Norton has studied tumour growth patterns and the administration of “dose-dense” chemotherapy regimes (i.e., more frequent doses), leading to improved survival with no increase in toxicity.

Women with metastatic hereditary breast cancer respond better to chemotherapy than those with sporadic cancer

In the first study of its kind, women with the BRCA1 or BRCA2 gene mutation and metastatic breast cancer were found to respond better to chemotherapy than women with sporadic tumours. Dr. Mieke Kriege of the Rotterdam Family Cancer Clinic in the Netherlands reported that this effect was particularly true for BRCA2-associated breast cancer, which showed a higher response rate to chemotherapy (89% vs. 50%), a longer progression-free survival (36% better) and a longer overall survival (47% better) than did women with sporadic tumours. The improved progression-free survival was found in patients on anthracyclines. Women with BRCA1-associated breast cancer fared better than those with sporadic cancer, but the difference was not significant.
EUROPA DONNA priorities

A number of sessions involved ED members and covered topics that are ED advocacy priorities

Breast units the way of the future
At a meeting of the SenoNetwork, Dr. Antonio Ponti of CPO-Piemonte in Turin said that EUSOMA’s voluntary breast unit accreditation programme has visited some 25 European units to date. Accreditation is to be based on each unit’s adherence to EUSOMA’s “Requirements of a specialist breast unit”, which is the backbone of the breast unit recommendations in the 4th edition of the EU guidelines. More information on the SenoNetwork, an international breast-unit network run jointly by EUSOMA and the European School of Oncology (ESO), is available at www.senonetwork.org.

At the same meeting, Dorota Czudowska, Head of ED Poland, stressed that first and foremost it is the work of advocates that has brought the need for breast units to the attention of doctors, politicians and the general public in Poland.

EUROPA DONNA chooses short film as Nathwani prize winner
ED President Ingrid Kössler awarded Gabriele Schärer of Switzerland the Nathwani prize for her short film “Busenfreundinnen/Affaires de Bain”, which is a subtle emotional portrayal of two friends who meet at a swimming pool and their different approaches to communicating about the disease. Of the many nominations, EUROPA DONNA chose this short film as the winner because “this film conveys a unique message that everyone needs to understand and can provide a special tool that could be used in developing communication skills for health professionals and members of the breast cancer multidisciplinary team as well as patients, their families and friends.”

For the first time, EUROPA DONNA was responsible for collecting the Nathwani prize nominations and electing the winner for later approval by the EBCC board. The prize is awarded at each EBCC to an individual who has made a difference in breast cancer through a cultural or artistic medium.

Advocates call for equal partnership in translational research
Respect between all members of the multidisciplinary teams involved in clinical trials will improve the situation for patients, Stella Kyriakides, Head of ED Cyprus and ED Past President, told participants in a TRANSBIG workshop. Representing the patients’ perspective she said that patients must be equal partners in clinical trials. TRANSBIG Scientific Director Dr. Fatima Cardoso emphasised that breast cancer is a disease with many facets, and that the numerous specialists involved must work in close co-operation. Dr. Emiel Rutgers, Dutch breast surgeon and EBCC Chair, stressed the need for tissue banking and having frozen tumour tissue available for every woman, for research and for the future.

Part of the Breast International Group, TRANSBIG is an international network for translational research, for which ED is a member of various committees. A special German-language session of the TRANSBIG workshop allowed local women to pose questions to an expert panel, a member of which was ED President Ingrid Kössler, representing advocates.
Breast cancer survivors, a growing group with questions about lifestyle factors

In the session on lifestyle and survival after breast cancer, Christine Murphy-Whyte, ED Board Member, told delegates that since 90% of women with early diagnosis survive, women will want to receive accurate information about lifestyle factors that may increase their survival chances. She added that as breast cancer moves from a life-threatening to a life-changing disease, survivors will want to know more about coping with side effects such as stress and fatigue, and psychosocial aspects, such as working life, relationships, sexuality and the use of complementary therapies.

See the webcast: www.ecco-org.eu

Physical activity and weight control may improve prognosis

Obesity has adverse effects on breast cancer survival: the best outcomes have been shown in women with normal body mass index (BMI; 18.5–24.9 kg/m²) compared to those with a higher or lower BMI, Dr. Pamela Goodwin of the Samuel Lunenfeld Research Institute in Toronto explained. Physical activity may be the most important factor in preventing the weight gain many women experience after diagnosis, she said. Analysis of the Nurses’ Health Study showed that physical activity after a breast cancer diagnosis may improve prognosis. Women who walked 3–5 hours per week at an average pace showed the greatest benefit. In the Women’s Intervention Nutrition Study, a reduction of dietary fat intake to 20% of calories was associated with a significant improvement in relapse-free survival, particularly in women with hormone-receptor-negative breast cancer. Dr. Goodwin said that both calorie reduction and physical activity are necessary for weight loss, though randomised trials on the effect of physical activity and weight loss on breast cancer prognosis are lacking.

See the webcast: www.ecco-org.eu

Obesity has detrimental effects on breast cancer survival

Two new studies presented at the conference confirmed that obesity has a negative impact on breast cancer. The BIG 2-98 trial, presented by Dr. De Azambuja of the Jules Bordet Institute in Brussels has shown that women with a BMI over 30 kg/m² had poorer outcomes for disease-free survival and overall survival. The effect of obesity on overall survival was also worse in women under age 50. Another Swiss study presented by Dr. Elisabetta Rapiti of the Geneva Cancer Registry revealed that obese women were more likely to present with breast cancer in advanced stages.

Special populations of women with breast cancer

EUROPA DONNA aims to promote and defend special groups whose needs are often not addressed in current guidelines. Here are some findings presented about groups with special needs

Young women need to know their options for becoming pregnant after breast cancer

Women of reproductive age should be informed of options for preserving fertility before undergoing possibly fertility-compromising chemotherapy. Dr. Sibylle Loibl of the University of Frankfurt presented the following options:

- Cryopreservation of embryos, which has a pregnancy rate of 20–40%, as in healthy women
- Cryopreservation of oocytes, which has a pregnancy rate 25–30% that of cryopreserved embryos, and is not available in all countries
- Cryopreservation of ovarian tissue removed laparoscopically, a technique still considered experimental
- Ovarian suppression during chemotherapy, though its side effects and use in hormone-receptor-positive breast cancer need to be determined

She added that pregnancy after breast cancer, has been shown to be safe and has even shown an advantage for survival in some studies. Another study indicates that risk of relapse decreases when conception occurs 10 months or longer after primary diagnosis. Dr. Liobl suggested that for women with hormone-receptor-negative breast cancer and therefore not requiring endocrine treatment, one year after diagnosis may be an acceptable time to get pregnant.

See the webcast: www.ecco-org.eu

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Sibylle Loibl
Breast cancer in the elderly: treating the woman, not her age

Elderly women with breast cancer should receive treatment based on an assessment of their health and fitness, not based on their age alone, Dr. Matti Aapro from the Clinique du Genolier in Switzerland explained. He added that 50% of elderly women with breast cancer are undertreated. Some of his main messages for treatment of elderly women included:

- Breast cancer surgery can be performed in most cases and remains a key component of the treatment plan
- Radiation therapy is recommended but its extent and why it is needed must be discussed carefully
- The appropriate hormonal therapy should be prescribed, chemotherapy should be used when necessary, and supportive care should be provided for both

The International Society for Geriatric Oncology’s recommendations for the management of breast cancer in the elderly indicate that population-based mammography screening programmes up to age 75 could be appropriate (Lancet Oncol 2007; 8: 1101-15). For more on breast cancer in the elderly, see the interview with Dr. Aapro on page 14.

See the webcast:
www.ecco-org.eu

Guidelines for resource-poor nations promoted

The Breast Health Global Initiative (BHGI) has been striving to develop and implement guidelines for countries with limited resources, said Dr. Benjamin Anderson, the group’s chair and director, and pilot projects have begun in some countries. Breast cancer is the most common cancer worldwide, he said, but while most diagnoses occur in the developed world, most deaths from this disease occur in developing countries. With this in mind, the BHGI has developed guidelines for breast health care in these countries and their implementation was discussed at their 3rd Global Summit, held in Budapest in October 2007. He added that guidelines become a hub for advocates, NGOs, clinicians and government agencies.

“Guidelines become a hub for advocates, NGOs, clinicians and government agencies”
Findings presented at EBCC-6 support advocacy efforts to:

- Insist on the setting up of multidisciplinary breast units
- Ensure that women are informed of the risks and benefits of fore-going radiotherapy
- Emphasise the need to preserve frozen tumour tissue for translational research
- Ensure that the growing number of breast cancer survivors has access to information on psychosocial lifestyle factors
- Spread the news about lifestyle factors and breast cancer: avoiding obesity can improve survival
- Insist that all young women must be informed of their options for preserving fertility before chemotherapy, and their possibilities for pregnancy after treatment
- Promote individual assessments for all women, especially the elderly
- Consider extending screening up to age 75 since it increases breast cancer survival
- Increase awareness of long-term survival for women with metastatic breast cancer, establish guidelines and ensure that the advocacy needs of these women are understood and represented
- Encourage the creation of artistic endeavours on breast cancer to increase awareness and help to improve communication concerning the disease

Mark your agenda:
EBCC-7
23–27 March, 2010
Barcelona, Spain

IMPACT
European Cancer Conference

1st IMPAKT Breast Cancer Conference, 7-9 May 2009, Brussels, Belgium

A group of major European breast cancer organisations, led by the Breast International Group (BIG) and the European Society for Medical Oncology (ESMO), are launching an important new scientific conference called IMPAKT—IMProving cAre and Knowledge in Translational Research. This conference targets scientific investigators in basic or clinical research who have a specific interest in molecular and translational research, new agents, molecular and functional diagnostic tools, biomarkers and cutting edge applications of research in the clinical setting.

With breast cancer being the most prevalent cancer in women worldwide, collaboration to fight this devastating disease is vital. The IMPAKT meeting fills an urgent need within the oncology community to discuss advances in translational research and ways to transform molecular discoveries into tools that clinicians can use to optimise the use of current and future targeted treatments. IMPAKT intends to help co-ordinate efforts to bring the fruits of advances in cancer biology and technology to the patient’s bedside.

The conference chairs, Martine Piccart and José Baselga, have designed the meeting to help participants understand the skills, techniques, and tools needed for physicians to apply new translational research findings in the clinical setting. Evaluating the efficacy of novel therapeutic strategies in breast cancer will show their relevance for making individual treatment decisions for patients in everyday practice.

EUROPA DONNA along with many of the most important European breast cancer stakeholders is supporting IMPAKT. Other IMPAKT collaborators include St. Gallen Oncology, EUSOMA, EORTC, and it is supported by the European School of Oncology.

For more information, please visit www.impakt.org
Is cost or effectiveness driving access to treatment?

Ian F. Tannock

Ian F. Tannock is a Senior Scientist at the Ontario Cancer Institute and Professor of Medical Oncology at Princess Margaret Hospital in Toronto, Canada. He has a long-standing interest in using clinical trial endpoints such as quality of life that reflect patient benefit directly. In the Keynote Address at EBCC-6, he emphasised the need for proven effectiveness of drugs before their approval. **Answering the Advocates** sat down with Dr. Tannock in Berlin to discuss the issue in detail.

EUROPA DONNA: How much should the cost of a new treatment influence its being made available to patients?

IFT: I don’t think you can consider cost divorced from effectiveness. If a treatment is effective then ways should be found of making it available. My definition of effectiveness would be that it has a significant and clinically important effect on either survival or quality of life, quality of survival. I do think that there should be pressure placed on companies. If people act together they can put pressure on companies to make the drug reasonably priced. Of course, what is reasonable is a matter of where you are and what can be afforded. As Eric Winer said today, the actual cost of a drug bears virtually no relationship to the cost to actually produce the drug. It bears perhaps some relationship to the cost of its development, but that is also very variable. Some countries just pick up drugs from other sources. I do believe that with drugs that have somewhat more marginal effectiveness, it should be a requirement that they be priced at a level to make them cost-effective.

ED: For the drug approval process, the European Medicines Agency – the EMEA – approves the drugs but cost-effectiveness is not considered.

IFT: Not only do they not take into account cost-effectiveness, in my view they do not take into account reasonable evidence for effectiveness. There are several drugs that have been approved on the basis of things like response rate, and there are many drugs that can improve the chance of tumour shrinkage without improving either quality of life or survival. There are arguments against using cost-effectiveness for drugs that clearly have an effect on survival or quality of life because they can eventually become cheaper, but my own personal belief is that one should put pressure on the companies. If a company knew that they would only stand a chance of being approved if they were in some margin of cost-effectiveness, based on an admittedly imperfect calculation such as cost per life year or quality-adjusted cost per life year saved, they would be forced to price their drug accordingly.

ED: Where should the pressure come from?

IFT: I think that the pressure needs to come from oncologists, from advocates and from government. The biggest problem at the moment, and this is going to
change, is that there is a very large American market and in some of the countries in Europe people will pay through private insurance whatever price is set. There has to be sufficient pressure to overcome that. If you do it through the EMEA or the FDA, if the drug isn’t available, it isn’t even available for the private system. The government obviously sets its pricing after the approval. I would like to see it linked more to the approval. I think that advocates can play a role. My own belief is that sometimes advocates are pushing for approval of things without the degree of evidence that I believe should be required. I think that often these rapid approvals can be a mistake. If there are early data suggesting that a new drug may be effective, but there aren’t yet definitive data relating to its effects on survival or quality of life, then one can give conditional approvals. Again those conditional approvals should be linked to a requirement that the agent be cost-effective.

ED: So if we were to change the drug approval process, how would you suggest changing it?
IFT: I would have the approval process more like NICE in the UK, that looks not just at effectiveness, but at cost-effectiveness. I would make it a little more rapidly responsive and a little more liberal in what it would approve because there may be some gap between what is a limit on cost-effectiveness, and governments may want to set their limit somewhat lower. I would have a process that looks at effectiveness in relation to cost, and I would set the major markers of effectiveness to be survival and quality of life.

ED: Do you think that ceilings should be put on drug prices?
IFT: I think that in effect you are putting on a ceiling when you are measuring it against effectiveness. I suppose that if you had a wonderful, effective drug the ceiling would be higher than for a drug that might have more marginal benefit. I think that in effect there is then a ceiling.

ED: EUROPA DONNA is its overall mission aims to make diagnosis and treatment equally accessible to all women. Can you suggest a way to achieve equality of cost across Europe?
IFT: I’m not a politician and I recognise that standards of living both within and between countries differ, so I don’t have a simple answer. Different countries have different ways of paying for drugs. The European Union, which only includes 27 countries, can put some pressure into providing some basic rights of access in its jurisdiction and can put pressure on other countries. Actually, it is also more complex than that, because every country has a limit on health care dollars.

ED: Do you think that oncologists take cost into account when they are prescribing medical treatment?
IFT: I use what I think is the best treatment within the limits of the guidelines that I am given. I suspect that’s not very different to somebody practising in much of Western Europe within the public system. Most countries have treatment guidelines. Our hospital guidelines are fairly binding. If you have a drug that has to be approved and you wish to give that in an unusual circumstance, that isn’t a problem. You have to make the case, if you do it too often, then it will be a problem. I think that that sort of checks and balances system is quite useful.

ED: EUROPA DONNA advocates for the implementation of the European guidelines on screening and diagnosis. If all countries should follow the guidelines this may be able to influence treatment and cost.
IFT: It’s a fair bit of work. It’s a changing field. We have panels for each major cancer who are constantly reviewing the change as it comes out. Essentially the guidelines are posed as a question, then the evidence is reviewed and based on that they make a guideline. The guideline that is made is then considered by the government as to whether it will or not approve the drug for funding. That is true in all the European countries. It often depends on how much pressure comes to bear.

“I think that the pressure needs to come from oncologists, from advocates and from government”

ED: There must be a lot of different interests and players involved.
IFT: Advocates had a big part in pushing for trastuzumab to be funded fairly quickly. To be honest I’m not sure that would have come quite so quickly in other types of cancer.

ED: To wrap up with the idea of advocacy, how do you think advocates can help with the cost-effectiveness of drugs, and make treatment available to all women?
IFT: I think they can help a lot and that they have helped a lot. Advocates need to be educated to the problem and to the reality that however much you might want to advocate for a disease, that there has to be fairness across a health spectrum and advocating for things that are not shown to be effective with fairly good criteria is unhelpful. I really believe that advocates can put the best pressure on government, companies, licensing organisations if they go in there and say ‘Here is the evidence that this agent is effective and here is the cost’. I think then you can be extremely effective.
Matti Aapro is Dean of the Multidisciplinary Oncology Institute in Genolier, Switzerland and is Executive Director of the International Society for Geriatric Oncology (SIOG). He received his medical degree from the University of Geneva, was a Fellow at the Arizona Cancer Center in Tucson, and was the Founding Chair of the Medical and Radiation Therapy Department at the European Institute of Oncology in Milan. A long-time expert on the elderly, Dr. Aapro has spoken and written extensively on the subject.

Answering the Advocates caught up with him following his EBCC EUROPA DONNA Teaching Lecture “Biology- not chronology-driven treatment of breast cancer in the elderly”.

EUROPA DONNA: What are the challenges in the treatment of elderly women?

Matti Aapro: In the situation of elderly women there are several challenges. The first one is actually getting the elderly woman to be diagnosed. Either the patient neglects to take into consideration herself that it is not normal to have a little nodule in the breast after a certain age, or the patients are no longer seen by the gynaecologist and general practitioners don’t examine the breasts. We have data that show that there is a delay in diagnosis in elderly women. They come with tumours that are at a more advanced stage. The good news in this situation is that in the majority of elderly women, the breast cancer tends to be the endocrine responsive variety; therefore, these tumours usually take more time to grow, tend to be less invasive, to have less positive lymph nodes, i.e., have less metastatic behaviour. So that compensates somewhat the delay in the diagnosis, but not completely.

On the other hand, we have to realise that even though there is a perception that breast cancer in the elderly person grows slowly, a sizeable minority – about 20% of these women – have clearly aggressive tumours. It is not acceptable that 20% of the elderly patient population is at a high risk of metastatic disease because of late diagnosis. To put this in perspective, in the younger patient population we have 20% of women who have HER2-positive disease for which we have specific treatments. We make a huge noise about treating these patients. Why don’t we make a huge noise about giving appropriate treatment to those elderly women who have very aggressive disease?

ED: You need to take into account the biological age as opposed to the chronological age of the woman?

MA: You are absolutely right. That is an important point. Regulatory authorities have decided that anyone above the age of 65 is elderly. Drugs have been examined, evaluated, accepted for use in the so-called elderly population, based on a study in patients aged 66 and 67, for instance. That is nonsense. Those patients are perfectly fit and now in Europe they usually don’t have any significant co-morbidities. All the drug interactions are not taken
into account. Also, some of the decreased reserves that we don’t know how to measure well become more common as age advances. The biology of the patient is very important, along with understanding the biology of the tumour which then determines the choice of treatment.

ED: This would be the idea of tailored therapy for all patients.
MA: This is the dream that we have, to try to be as precise as possible, with each individual patient having an individual tumour, and putting all that together to determine the choice of treatment. It’s true in populations, but it’s very difficult in the real individual.

ED: You mentioned in your talk the role of the general practitioner, or the family doctor. How can GPs help?
MA: The general practitioner remains for the elderly population probably the only medical contact. Women tend after a certain age not to go to the gynaecologist, rightly or wrongly – probably wrongly because we know that it determines late diagnosis of endometrial and vulval cancer, and of course of breast cancer. There are data that speak to this. We understand that GPs are very busy, but nevertheless there are some recommendations that can be given.

ED: What do you think about screening in this population?
MA: Screening is a public health measure. It has to be understood as such. There is a complex calculation of the cost of screening for free and the benefit for society. It seems from recent data that after age 75, considering the general health of the European population it is perfectly justified to screen opportunistically. According to the calculations and some limited studies there will be an impact on the overall survival of that population. Above that age it is difficult to do population screening because there are more co-morbidities. It doesn’t make a difference if you find breast cancer in an 80-year-old woman who goes to a screening programme and unfortunately has two myocardial infarctions in three years, because it is quite likely that she will die from the third myocardial infarction. Whereas if she’s 80 and skis the high peaks of the Alps (as does one of my patients), that lady of course is justified to go for screening.

ED: Biological age.
MA: Once again biological age, not chronological age.

ED: With regard to health economics and the ageing population, does cost have an influence on treatment decisions?
MA: Unfortunately everything we do has a cost. It is for society to decide whether we abandon the elderly to their fate or whether society feels it is our duty to invest in appropriate treatment. Unfortunately some treatments even in the younger population are at the limit of being justified because the benefit compared to the cost is absolutely insufficient. In the elderly it is the same type of calculation. It is completely unfair on the other side to calculate the fact that the elderly are not “productive” people for society in the sense that they are no longer working. There are good data to show that elderly people who are active and doing well are actually contributing a lot to society. They are the ones who fill our theatres, the cruise ships and the shops, as companies discover that they do spend their money. They are the people who give work to many other people when they are healthy. And we should not forget that health is an industry and they give a lot of work to other people. It is just a question of how society thinks of that in advance and puts money aside to pay for inadequate ageing and for caring for those who are unfortunately sick when they are old.

ED: For EUROPA DONNA, can you suggest ways to involve more elderly advocates?
MA: As the executive director of the International Society of Geriatic Oncology (SIOG), we have already approached patient groups. SIOG would very much like to co-operate with EUROPA DONNA and other entities that have clearly identified that there is a sizeable elderly population in order to be able to put a proper message out there, i.e., that it is justified to give proper treatment, though studies are ongoing to identify the best treatment. We need to encourage patients to adhere to the studies that will finally allow us to give more individualised treatment for the individual patients.

“ It is for society to decide whether we abandon the elderly to their fate or whether society feels it is our duty to invest in appropriate treatment”

ED: Are there ways to encourage women to take part in such studies?
MA: We need to educate women all over the world. The ones who are now in their fifties are going to be the ones in their eighties 30 years from now and they are educated. They will certainly be attentive to the fact that they need to be observed and to observe themselves for signs of different potential cancers and other diseases. But in many countries women who are age 80 have limited levels of education, have wrong perceptions that breast cancer is no longer an issue or that nothing can be done. Fortunately, many of these diseases can be treated quite easily. We now have techniques in anaesthesiology that are so good that even in a frail person the impact of anaesthesia in an appropriate environment can be very well controlled and should not be a reason not to offer surgery for a breast cancer patient. I insist on the fact that we have data that show that also for the elderly woman her body image is important. It is not only about young women conserving the breast, it is also about the elderly woman.
Strength in numbers

News from member countries

EUROPA DONNA now has 41 member countries, including all 27 EU Member States. In this section ED Fora share their activities since the last newsletter and some advocacy plans for the future.

Austria

In 2007 ED Austria organised and participated in various activities, including information booths at numerous health fairs in nearly all Austrian regions; participating in the ethics group for a pilot screening programme in three districts; lobbying Viennese/Austrian health authorities and networking with health care providers; holding lectures and presentations on behalf of the aims of ED in self-help groups; publishing four issues of our magazine Donna; and monthly updating of our home page. We also organised a workshop with self-help group members and advocates to learn more about “what a helper has to know” as we were about to release Guidelines for Breast Friends. This workshop was a great success for both sides. In October the “Breast Friends” idea came to Austria and there was a launch event with an international photo exhibition and a patient seminar. Also in October 2007 we began the photo shoots for our national breast friends photo exhibition, which is to be presented on 7 October 2008 and will also tour all regions of Austria. In 2008 in addition to our usual activities, we are planning to hold a patient seminar in autumn in co-operation with the Austrian Society of Senology.

Belarus

ED Belarus was established in April 2008 and is currently working under the umbrella of the non-profit organisation In Rays of Hope. Five people work for our organisation, including our National Representative Tamara Serzhan. This year ED Belarus will be working on a website development project involving evidence-based materials on healthy lifestyles. The name of the website is “What Woman Want is Information”. The website is dedicated to the loving memory of our colleague Irina Kozulina who passed away in February 2008. Irina’s dream was to provide women with knowledge for a better quality of life and evidence-based facts for cancer prevention. The website will be available for all Russian-speaking countries. Materials from the website will be distributed to women advocates in six regions. We plan to bring computers to women’s regional centers. In April 2008 Tamara Serzhan attended her first EBCC conference in Berlin and plans to attend Advocacy Training in November 2008. The Berlin conference provided many materials and contacts, which make for a good, timely beginning for the expansion of breast cancer advocacy and awareness initiatives in Belarus.

Belgium

In March 2007, on the eve of the First European Patient Rights Day at the European Parliament, ED Belgium co-organised a symposium on patients’ rights in the Belgian Senate. Politicians, patient organisations and journalists were called upon to further public awareness of patients’ rights. At both events ED Belgium presented results and its point of view and stressed the importance of a multicultural approach to care. In July, the Royal Decree on breast clinics was published and resulted in “pilot breast clinics”. We further advocate the formal recognition of breast clinics so that soon women will know where they can be treated by a multidisciplinary team adhering to European quality standards. In 2007 we celebrated our 10th anniversary. The main event was undoubtedly the Gala Concert at the Royal Museums of Fine Arts in Brussels on 8 October, with the motto “Fighting against breast cancer gives hope!”. Through this concert ED Belgium aimed to pay a musical tribute to women with breast cancer, survivors, their families and friends and care providers. This very successful event was possible thanks to our dedicated President Nadine Cluydts, motivated volunteers, ED Belgium partners and very talented
musicians. For the occasion an anniversary edition of our newsletter was published containing contributions of past and present presidents with a focus on breast clinics.

Bulgaria

In 2007 ED Bulgaria encountered problems with financing its activities. As a result, our activities concentrated on actions that did not require funding on our behalf but could contribute to promoting screening and increasing awareness. We undertook activities with members of parliament and Ministry of Health representatives. The expertise of the members and supporters of ED Bulgaria help give support to MPs in the discussion of bills and laws regarding public health. We were invited to participate in a meeting of the Health Commission in the Bulgaria Parliament discussing various documents. We kept constant contact with different representatives of the Ministry of Health. The other main activity was promotional. Different members of ED Bulgaria participated in different TV shows on various national TV stations. Different members participated regularly in radio broadcasts on prime time shows. During the year, we also held numerous informal meeting with patients. In many cases we solved personal problems and gave patients advice about specialist care.

Croatia

Our most important promotional activities and events are The Daffodil Day on the first Saturday in the spring and The Pink Ribbon Day on the first Saturday in October. In 2007 these days were organised in 47 cities throughout Croatia. Many lectures were held and many educational materials were distributed about breast awareness and the importance of early cancer detection. In June 2007 our Parliament proclaimed 7 October as the National Day of the Fight against Breast Cancer. We participated in the 8th EUROPA DONNA Pan European Conference in Amsterdam in October 2007 with a presentation on the National Programme for Early Detection of Breast Cancer in Croatia, which began in October 2006. ED Croatia has become a partner in the programme implementation, particularly in the media campaign motivating women to get mammograms, and in helping the programme implementation co-ordinators and organisers in 21 Croatian counties. By the end of October 2007, there were 308 cancers detected. Younger age groups responded better compared to older ones. We are constantly in touch with national politicians and health services, pressing for multi-disciplinary breast units based on the European guidelines.

Cyprus

In 2007 various Breast Cancer Awareness Month activities were held, beginning with a much-covered press conference. ED Cyprus’s young women’s group received a visit from Dr. Alison Jones at ED Cyprus House, where an open lecture was held on fertility and pregnancy issues. The second six-week course, now considered a twice yearly advocacy course, was held with discussion groups led by various medical specialists. A new leaflet on the histopathology of breast cancer was published and distributed. For the awareness campaign, messages were featured on milk bottles, and magazines had pink issues. A musical evening was held at the Presidential Palace gardens and a CD produced of the songs by a young supporter of ED Cyprus to help raise funds. A short film featuring Cypriot women of all ages raising awareness of the disease was produced and shown on TV. Co-operation began with pro bono lawyers to help us support women in insurance and possible malpractice cases. The first survey was announced of 1,000 women in Cyprus about their knowledge of breast cancer and screening. October’s main event was the Pink Silhouette Walk, held in Limassol. The Rosom Buddies Programme helped over 320 women, aged 26–82, by providing free prostheses after mastectomy. The Pink ED Cyprus bags and leaflets were distributed and two leaflets have been translated.

Czech Republic

One of the main aims of ED Czech Republic for 2007 was the successful completion of Ta Bu Bu (Do Not Fear Cancer), directed by Dr. M.S. Kabošové. The project was also supported by the Regional Municipal Authority and was also partially shown on TV and during seminars for cancer patients. It also took part in the Oncology Congress in Znojmo 2007. Another activity, supported by Nadace Rozvoje Občanské Společnosti, was a crisis intervention course led by Dr. Olgy Černohorské. The next course held was on computer literacy (group leader L. Vich). Both courses obtained great publicity from cancer patients. A closing ceremony took place with a music session on 13 June 2007. Most of the audience has successfully returned to their normal and working lives.

Denmark

In 2007, ED Denmark put special focus on the possibility of Danish breast cancer patients obtaining treatment in other European countries, either when the treatment is not provided in Denmark because it is at an experimental stage, or when the waiting time for treatment exceeds the maximum ordained by legislation. Politicians at both regional and national levels have been approached. ED Denmark has kept this topic in the public eye with the help of letters to the press and interviews in the media. In November 2007 ED Denmark organised a conference on radiotherapy in the treatment of breast cancer, inviting leading experts to cover all aspects of the field, including modern medical imaging techniques and radiology of the future. As in the previous year, the conference was held at Christiansborg, the building of the Danish parliament, in Copenhagen, and the audience included ED Denmark members, press, doctors and politicians.
**Estonia**

In 2007 ED Estonia continued with its annual activities. May is Breast Awareness Month in Estonia and began with a press conference. During the month, two main daily newspapers issued special editions dedicated to breast cancer. There were interviews with doctors and survivors in several magazines. Within our nationwide screening programme, only half of the invited women participate, indicating that every second woman is not aware of the importance of early detection and its advantages. A counselling programme for cancer patients was also launched. Lectures and talks covered issues from prevention and early detection to treatment and aftercare. All support groups in the country were included. In August, the third Patients’ Summer Camp took place at a beautiful seaside resort. It promoted healthy lifestyles – healthy food, walking in the forest, swimming, art and music therapy, and live music in the evening. Two fund-raising events took place, a Breast Awareness Run in September and a Fund-raising Concert in December, which were very successful.

**Finland**

ED Finland is becoming better known, and co-operation with media and authorities is building momentum. Articles about members were published in different magazines. We have been discussing co-operation with Cancer Finland and actual co-operation with the Finnish Cancer Patients’ Association. Relationship-building with oncologists has been going on all year. We participated in a joint campaign with Industry and the Finnish Hairdressers’ Association: “Indulgence” coupons were distributed through the Association’s member salons. We were involved in campaign promotion. The peer support group convened twice a month, mostly consisting of conversation facilitated by a trained peer support person. The chronic support group held six meetings, half of which were organised in co-operation with Cancer Finland. We promoted peer support activities through our website (http://www.rintasyopayhdistys.fi) and leaflets made available in hospitals. The peer support hotline has trained support people on call on weekday evenings. The second peer support training course certified six trainees in February 2008. Two activity weekends were held for members. Weekly gymnastics groups and water gymnastics groups were held. Other activities included a theatre excursion and a Christmas party. Our new website was launched in June 2007. In April 2008, a well-being programme, Aidosti Elossa (Truly Alive, www.aidostielossa.fi) was launched.

**France**

The French Forum is continuing to develop the many missions it has been working on over the years. With the nationwide screening programme well in place, it is now our task to ensure that women continue to participate regularly. Therefore, we continue our partnership with the Health Ministry and the National Cancer Institute (INCa), with whom we work closely. ED France made sure that the Short Guide to the European Guidelines, translated in French, was distributed throughout the country via its 12 delegations for a better understanding of the procedures promoted by the EU. In June, ED France celebrated its 10th anniversary at the Senate, which was a good opportunity to point out the progress that has been made this last decade. The symposium was very well attended by our members and partners, with the participation of the President of the French Cancer League and the President of INCa closing the debates of the day. In October 2008, we are planning to release a brochure written by our scientific committee on genetics in breast cancer, aiming to address the anxiety women feel about the hereditary aspects of breast cancer.

**Georgia**

ED Georgia is becoming well known. In February 2008, we attended the 25th Annual Miami Breast Cancer Conference. In April 2008 one of the most popular Georgian TV channels had a programme about breast cancer featuring two of our members, who expressed the sadness of having the disease but that it does not mean that your life is going to end. In May 2008 the breast cancer screening programme was initiated. It is supported by the Georgian First Lady and ED Georgia is involved in this programme. Also in May, we attended the National Breast Cancer Coalition Fund (NBCCF) advocacy training conference in Washington and participated in NBCCF’s Annual Lobby Day. In June in Tbilisi we are holding the first national advocacy education event, a breast cancer advocacy training conference, which is expected to attract at least 50 attendees. Advocates, physicians and researchers from national cancer institutions and experienced professionals from abroad will be presenting the current directions in breast cancer advocacy, research and treatment. The closing ceremony is to include a gala concert and exhibition. For breast cancer awareness we prepared booklets on breast biopsy, lymphoedema, breast reconstructive surgery, breast cancer follow-up, all to be distributed at the conference.

**Greece**

ED Greece has been recognised as a force that can change breast cancer policy. From March to July 2007, a campaign and conference were organised by three major hospitals in Athens and ED Greece, in cooperation with Athens municipalit. People wearing poster boards were photographed around Athens, mainly in front of the Greek Parliament. We were also invited to speak at the Hellenic Breast Surgeons Society (HBSS) and the Hellenic Society of Medical Oncology (HESMO) congress. During October 2007, we organised a conference on women’s rights to prevention and early detection of breast cancer. Members of the Greek Parliament attended, as well as presidents and members of other cancer societies. The Vice-President of the Greek Parliament addressed...
the gathering. We held a press conference in co-operation with HBSS and HESMO and it was covered favourably by the media. Our ED president declared October as a month of “Advocacy – Lobbying” for Breast Cancer. We held a meeting in the BENAKI Museum on genetics and treatment and participated in other meetings of women’s societies. As recognition of our efforts through 2007, the Greek Minister of Health and Social Solidarity presented ED Greece President Mrs Mary Makris with the award for Advocacy on Breast Cancer in the sector of public health and prevention.

Hungary

ED Hungary belongs to the National Association of Cancer Patients, and the Forum carried out a number of advocacy and awareness programmes in 2007. Breast cancer meetings were held in seven large cities and patient–doctor meetings were held monthly in Budapest. A breast cancer screening campaign for Roma women was organised by the Prime Minister’s Office. Upon official request we participated in these “equal chances” programmes. Hungarian Prime Minister Ferenc Gyurcsány and leaders of some patients’ organisations, including our national representative, met at the Parliament in July 2007 to discuss the new national health reform. Our national representative also participated in the Susan G. Komen for the Cure Global Advocate Summit in September. The Hungarian Telegraphic News Agency reported on ED Hungary and the National Association of Cancer Patients with the headline “Common aim – fighting against breast cancer”. The National Association of Cancer Patients organised a two-day conference for self-help group leaders in Budapest in November 2007. ED’s Short Guide to the European Guidelines has been translated into Hungarian and will be published and distributed in 2008. Our national representative was a member of the Advisory Scientific Committee for the 6th European Breast Cancer Conference.

Iceland

ED Iceland has focused on advocating and keeping the discussion about breast cancer open. Like every year, we participated in Breast Care Awareness in October 2007 and received good media coverage, with the ED goals published in newspapers and magazines. In co-operation with two cancer societies, we held a meeting in October on the topic “breast cancer and the future”. The Icelandic Chef Association held a traditional Pink Gala Dinner. All funds raised were used to buy new digital equipment for breast cancer screening which is expected to be ready for use in August 2008. Two members attended the Advocacy Training Course in November, including a newly employed breast cancer nurse specialised in teamwork for newly diagnosed patients. An ED Iceland representative has been working together with doctors and nurses in planning a new Breast Cancer Center located in a future building of the Landspítali – University Hospital. We have also distributed the Short Guide to the European Guidelines to health personnel.

Ireland

Following a meeting with our Minister for Health and Children, ED Ireland applied for and was successful in getting Lottery Funds for an information and training programme to support the development of breast cancer advocates in Ireland. The first public meeting was held in the west. Summer was characterised by a shocking and disturbing series of revelations of errors and poor practices in breast cancer diagnosis, sparking a number of independent investigations. ED Ireland campaigned strongly for the need to concentrate resources and staffing in specialist breast centres, which could be independently accredited by the Health Information and Quality Authority against the National Quality Assurance Standards, launched in May. Significantly, in September, eight Cancer Control Centres – to include breast cancer – were designated together with the closure of 13 centres performing less than 20 breast cancer surgeries per year – well below the minimum! ED Ireland’s target now is to keep up the pressure for the planned and phased transition of specific breast cancer services from the remaining hospitals into the eight designated centres. ED Ireland’s publications included a leaflet on Specialist Breast Centres and Ireland’s first patient information booklet, Breast Cancer and Fertility, which was initiated and co-ordinated by one of our younger advocates, Marie Ennis.

Israel

The Israel Cancer Association (ICA) co-ordinates the ED Israel Forum. At least 700 women participated in a seminar about new treatments, prevention and sexuality, while another seminar was dedicated to young women with breast cancer, and another to women at risk. Miri Ziv, ED Israel national representative, initiated a discussion at the Israeli Oncology Council about the breast cancer guidelines. A radiologist and a breast surgeon participated in the first discussion, and a second discussion will be held with an oncologist and an epidemiologist. During October 2007, we led a campaign to increase awareness of early detection and to encourage mammography screening participation. It was advertised on TV, in newspapers and in women’s magazines. The Azrieli 3 Towers were lit up in pink and the event was covered in the media. We issued a press release containing new research about genetics and breast cancer, new statistics and advice on early detection and healthy lifestyles. We also launched a new project in collaboration with the Israeli Postal Authority. The National Mammography Project, initiated by the ICA, reported an improvement in screening participation. Through the ICA’s mobile mammography unit, the gaps between different sectors is consistently reduced. In conjunction with the Society of Breast Diseases, we also train and update multiprofessional breast cancer teams.
Strength in numbers

**Italy**

In 2007, ED Italy launched a media campaign to promote early diagnosis with the patronage of the Italian Ministry of Health and "pubblicità progresso". We have also undertaken initiatives focusing on quality of life after cancer, including the literary prize “the before and after”, research on the psychosocial and professional impact of breast cancer carried out by Astraricerche, and the European project on work after breast cancer, partners in which include the ED Italian, French, Swedish and Dutch Fora, the Marco Biagi Foundation and the City of Milan, and which has already been approved. ED Italy also re-launched ED Parliament Regional Groups with particular attention to the southern areas. Six meetings were held in Veneto and Campania to encourage the north and south to work with a common vision. The National Conference was also held in Naples, thanks to the cooperation of the Italian League for the Fight against Tumours (LILT). We are represented in two Health Ministry commissions, and to ensure that real issues facing women are addressed publicly we prepared a document on early diagnosis and screening and another on treatment, rehabilitation and social issues. We have also redesigned our website to make it more interactive so that it can link more women together.

**Kazakhstan**

A Cancer Awareness Programme is being undertaken by various government ministries and NGOs in Kazakhstan. The awareness programme involves providing information on healthy lifestyles, seeking medical care early and having regular medical check-ups. There is also a public telephone hotline for questions about diagnosis and treatment. Mass media campaigns are undertaken about the negative consequences of nontraditional methods of cancer treatment contributing to late-stage disease. Information materials are published and educational programmes about social responsibility for one’s own health and well-being are undertaken in schools. As part of the early detection phase of the programme, conferences and roundtables with leading experts are held for oncologists, pathologists, haematologists and radiologists. Another step involves increasing public awareness of the implementation of international standards in cancer treatment in Kazakhstan. A rehabilitation and recovery programme for cancer patients is also addressed in the programme. Another step is directed toward awareness among children and adolescents, and another involves charity events with the participation of celebrities. The final step involves the creation of a photo exhibition with participation of cancer patients, celebrities and politicians, and the publication of a photo catalogue and exhibition dedicated to cancer recovery.

**Latvia**

The Oncology Patient Support Society of Latvia “Dzīvības koks” is part of ED Latvia and we held a number of successful projects over the last year, projects we could only dream about a few years ago. The main activities in 2007 included Breast Cancer Month in October; a fund-raising activity “Art for hope, life and love”; publishing a book “Seven Strong Stories”; the exhibition “We won. You also can” (in Riga and in other main regions); and regular meetings with parliamentarians to discuss the medical and welfare system in Latvia. Also during 2007 we organised seminars and conferences about different cancer issues across Latvia and published several brochures. The main activities for 2008 include a breast cancer awareness campaign and donation collection campaign for psychosocial rehabilitation for breast cancer patients; participating in a Working group for a National Cancer Strategy; and communication with parliamentarians and politicians on breast cancer issues.

**Lithuania**

In 2007 ED Lithuania joined the strong and active, newly formed organisation Pink Ribbon Society. Through public awareness programmes and advocacy, we seek to educate the public, breast cancer patients, health care professionals and politicians about young women with breast cancer and HER2+ breast cancer. Our members had a busy year working with the Health Ministry of Lithuania and Lithuanian Parliament regarding duration of modern biological treatment availability for all patients. In October 2007, we implemented the social breast cancer awareness project “Fashion and Art Against Breast Cancer”, which attracted much media attention. We also issued an information book for breast cancer patients “Is it Breast Cancer?” and distributed it in main oncolgical and diagnostic units in Lithuania. We also visited all oncological hospitals in Lithuania and donated “Breast Friends” photo albums, by the famous photographer Rankin, to the physicians and patients, based on the same international photo project. During these visits survivors provided psychological support for breast cancer patients, now treated in the hospitals. This visit achieved wide media coverage. We are planning to issue a breast cancer survivor book about illness, treatment and recovery and a campaign attracting celebrities, politicians and mass media.

**Luxembourg**

Based on the survey “Parcours de femmes” in Luxembourg, we continued to present the results and the problems highlighted by this study. This made 2007 a very busy year for ED Luxembourg. We participated in five conferences with health care providers and the general public. In co-operation with the Luxembourg Physiotherapists’ Association we organised a training course on lymphatic drainage techniques for 18 physiotherapists. The participants showed great enthusiasm about the course. We also partially financed the training in Germany of a breast care nurse, the first in Luxembourg. During October, the fifth Run Against Breast Cancer was held with 800 participants.
Afterwards there was a roundtable discussion based on the results of the survey “Parcours de femmes”, involving specialists treating breast cancer patients in a multidisciplinary team setting. In co-operation with a women’s organisation, the film “Lebenskünstlerinnen”, about seven women and their experiences with cancer, was shown, with a discussion afterward. In co-operation with a large hospital, we produced a booklet, which each woman diagnosed with cancer will receive. This book registers each appointment, treatments received, contacts, questions, etc., thus documenting the complete care programme. At the beginning of December, we held an exhibition of the paintings created during art therapy in co-operation with an art therapist and received wide media attention.

Malta

In October 2007 ED Malta held a pink balloon event in the capital city, Valletta. We set off 1,000 pink balloons under the auspices of our group’s patron, the wife of the President of Malta. Also in October we held our annual lecture, opened by the Minister for Health. The keynote speaker was Ms Ingrid Kossler, President of EUROPA DONNA. The other speakers included a surgeon and a radiologist. We are continuing with our awareness talks, and have visited factories, offices, banks and schools. We adapted a DVD on breast self-examination which is to be shown in health centre waiting rooms. We have also tried to raise awareness with a number of articles printed in newspapers and magazines. Malta is currently setting up a breast screening programme and we have held a number of very positive meetings with the screening coordinator. We have also met with the President of Malta, the Leader of the Opposition, the Minister for Health, the new head of Health Promotions and the Archbishop of Malta. Two of our committee members attended a course to work as volunteers in the general hospital, and are currently helping out at the breast care clinic.

The Netherlands

In 2007, ED Netherlands held many activities contributing to best practice in breast cancer care. In co-operation with the CBO (an organisation for quality in health care) the first stage of developing a breast cancer care monitor was realised. This monitor aims to provide information so that patients can make an informed choice about hospitals, and as a feedback tool for the hospitals in order to improve breast cancer care. Four of our members participated in the project. A conference was held to conclude the first stage of the project. We participated in the working group reviewing the guidelines for screening and diagnosis, updating treatment guidelines, and combining both guidelines to create one guideline. We stressed the importance of communication throughout treatment, and this resulted in the addition of a separate chapter on this topic. Tineke de Ronde had the patient’s perspective added to educational programmes for professionals by giving a presentation during a course on screening programmes. An initial study was started concerning patients’ rights and how to train volunteers to advise breast cancer patients about their rights. Two pilots of a breast cancer care educational programme for general practitioners were carried out. The highlight of 2007 was the Pan European Conference in Amsterdam, which ED Netherlands (part of the Dutch Breast Cancer Society) was very honoured to host.

Norway

The Norwegian Breast Cancer Association (FFB) now has 63 local organisations with more than 12,000 members. Norway has public screening from age 50–69. We will push to extend screening to women age 45 and up, but this will be a difficult task. When and if we achieve this, will then push for screening from 69–75. This is work of patience that we intend to win. We also focus on fatigue, and rehabilitation after breast cancer treatment. We organised two courses for breast cancer patients in 2007, on relaxation techniques, breathing techniques, yoga, with all lessons led by professionals. We are promoting healthy lifestyles and breast cancer issues, from prevention and early detection to treatment and follow-up. The Pink Ribbon Campaign 2007 was a great success. We co-operated with The Cancer Organisation in Norway. In 2007 we presented our telephone hotline for breast cancer patients, led by our volunteers. We answer questions about breast cancer, but not medical questions, as part of a free service available every day from 9 am to 10 pm. Since many operations are done in the day, many patients have left the hospital before our visitors can contact them. We established the hotline to be able to reach more people, and it has been a success from the start.

Poland

2007 was an active year for ED Poland. Our Forum President, oncologist Dorota Czudowska, spoke about breast cancer at six different conferences in Poland, as well as at EBCC-6. We had promotional stands at each Polish conference. Many lectures and training sessions were also provided at schools in different regions of Poland as well as at the Oncological Diagnostic Centre in Legnica. One such event was a mass examination called “Community Bus”. In October “Marches for Health” in Przemyśl, Nowy Sącz and Legnica took place as well as a scientific conference in Dębica. The main pages in the monthly journal “Health” were dedicated to us and our activities. Another important activity was when ED Poland presented its goals at the session of the Dolnosiański Regional Council and submitted an appeal to the local government authorities for a radiotherapy department to be created in Legnica. Another interesting event was placing descriptions and photographs of ED into the “Chest of Time” in Legnica which will be opened in 100 years! In 2007 a model lecture on breast cancer was compiled on CD. The 10th Convention of Delegates took place in April 2008 and the possibility of creating
ED Clubs (minimum four people) in Poland was confirmed.

**Portugal**

2007 was a less productive year for ED Portugal than the previous one, since we have not yet received the financial support that could lead us to more productive activities. Nonetheless, our website (www.europadonnnaportugal.com) is now online and we are still making improvements. We continued our awareness activities from north to south, and with the precious help of our member Dr. Conceiçao Matos, we did have the chance to light up our National Parliament on 30 October. We hope that recent contacts we have made with some Portuguese Parliamentarians will lead us to a better 2008.

**Romania**

ED Romania and the Renasterea Foundation are working to raise awareness and to support improved breast cancer education, appropriate prevention and early detection. In 2007, we organised three media campaigns, in March, July–August and October (print press, TV, radio and outdoor advertising) in 13 Romanian localities. Our National Representative, Mrs. Mihaela Geana, participated in high-rating TV and radio debates. The traditional “Art for Life” Gala was held on 17 May under the patronage of the Israeli Ambassador. Artists, journalists, diplomats, politicians, businesspeople and physicians gathered to support the breast cancer cause. The main awareness event, “The Illumination”, was held on 1 October in Bucharest and in six other important cities in Romania. The Renasterea Foundation launched on this occasion the “Renasterea – Breast and Cervical Mobile Diagnostic” project. The mobile medical unit travels around the country to small communities and provides free mammograms and Pap smears to local women. The programme complies with the European guidelines for quality of breast care units and benefits from the expertise of the medical team of Renasterea Breast Diseases Early Diagnosis Centre in Bucharest, where free breast checks have been offered to low income women since 2003.

**Slovenia**

ED Slovenia has celebrated its 10th anniversary and comprises about 2,000 members. We issued four copies of *Novice EUROPA DONNA* (Novice Europa Donna) which was distributed with 22,000 copies of the magazine *Our Woman (Naša žena)*. Our members receive this magazine for free. We have actively taken part in the preparation of the programme DORA, organised mammography screening according to the European guidelines, which is about to be initiated. We are also taking part in preparing the national programme for breast cancer control. We are furthermore continuing with our efforts to raise awareness of breast cancer, which newly affects more than 1,000 women in Slovenia every year; we give lectures, organise seminars, have two SOS telephones and offer personal counselling. For the fourth time we successfully organised the event “Running and Walking for Hope” in Ljubljana and for the first time in Maribor. We purchased an ultrasound machine for the hospital in Maribor. We are organising trips for survivors and other women and workshops in yoga, painting and ceramics. ED members volunteer at the Oncological Institute. We are closely co-operating with other associations, especially in October, when traditionally we receive an invitation from the president of the Parliament.

**Switzerland**

2007 was an important year for ED Switzerland. Since 1997, Switzerland had in place a 10-year test phase designed to show that quality-assured screening programmes can be successfully implemented in this country. However, these programmes were only set up in the French-speaking cantons of Switzerland during this 10-year period. In 2007, the Swiss Federal Department of the Interior had to decide whether or not this service should continue to be included among the basic benefits for all insured women in Switzerland. We worked at every level in favour of: 1) the definitive inclusion of the “screening-mammography” service on the list of benefits, and 2) the introduction of quality-assured programmes throughout Switzerland. Our work culminated in the “EUROPA DONNA Party” event on 22 September 2007 in Berne, attended by former Federal Councillor Dreifuss. The decision taken by ED at the end of the year allowed for the status quo to be maintained: this will mean still more advocacy efforts by ED Switzerland to achieve our goals throughout the country. Our regional groups have also advocated cantonal solutions for quality-assured early detection, required by the federal
structure of our health care system. Work has advanced particularly well in St. Gallen Canton.

**Turkey**

For ED Turkey 2007 was a year of advocacy activities supporting a nationwide mammography screening programme. The major goal of our activities was to create public awareness and to fight breast cancer. Dr. Serpil Ocal, ED Turkey board member and survivor, gave 30 lectures on breast cancer awareness in local municipalities in and around Istanbul. We also participated in the ED Advocacy Training Course, in the International Oncology Conference in January 2007 in Antalya, and in a conference on problems faced by breast cancer patients held in March 2007 in Izmir. We also printed and sold the traditional calendar for 2007 and participated in the annual IWI Christmas Bazaar with handcrafts and gift items donated by members. ED Turkey also issued free mammography tickets to draw winners. We participated in a concert celebrating Women’s Day in March 2007 in Istanbul. A number of patient seminars were given by expert professionals to an audience of survivors (where they also had a chance to interact with board members during breaks), on the following topics: mastectomy and breast reconstruction, pain management, breast cancer and femininity, breast cancer and NLP, phytotherapy and breast cancer and gynaecology.

**Ukraine**

In 2007 and 2008 ED Ukraine has been working to develop programmes and improve its organisational structure. On the agenda is the question of developing policy documents regarding fund-raising, transparency and collective decision making. We have worked successfully in co-operation with Mary Kay Cosmetics in the development of a rehabilitation programme. Our volunteers collect funds from individuals for this programme during conferences and events held by this company. We are able to distribute information leaflets and programme information. Also in cooperation with Mary Kay we created a social marketing programme, the funds from which allowed 185 women treated for breast cancer to attend a two-week rehabilitation course in Crimea in 2007. In April 2008 an Art therapy project funded by the American Cancer Society was included in the rehabilitation programme and showed amazing results. Women who had never before held a pencil or brush performed miracles. During the two-week period they went from visualising their fears and anguish to creating beautiful colours of life. They attended daily classes organised by Olena Iurchenko. We have now received videos, pictures and letters from participants. Art therapy will become an important part of the rehabilitation programmes for many patient organisations in Ukraine.

**United Kingdom**

ED UK’s 2007 annual lecture in the series, “A European Overview of Breast Cancer”, was hosted by Dr. Ian Gibson, MP, Chair of the All Party Parliamentary Group on Cancer, at the House of Commons’ Portcullis House. This prestigious event continues to attract a very distinguished audience including the National Cancer Director, Prof. Mike Richards. The lecture addressed the topic of intraoperative radiotherapy for breast cancer. ED UK was privileged to welcome Prof. Umberto Veronesi (Milan), ED founder, and Mr Mo Keshtgar (London) as co-presenters. Prof. Veronesi was among one of the first to develop the technique of intraoperative radiotherapy for which he initiated a randomised clinical trial. Mr Keshtgar is the principal investigator of TARGIT Intraoperative Radiation trial and is a member of the International Steering Committee. Cathy Ratcliffe and Madeleine Cope-Thompson attended the Britain Against Cancer conference in December on behalf of ED UK. Politicians, patients, clinicians, charity representatives and researchers spoke in plenary and breakout sessions. Ann Keen, Minister of State for Health Services, confirmed the Government’s pledge to increase the age of individuals entitled to breast and bowel cancer screening. Prof. Mike Richards provided an overview of the Cancer Reform Strategy. Eileen Jaffé attended the Susan G. Komen summit in Budapest in September 2007 as a UK representative.
EUROPA DONNA members from across the continent met up at EBCC-6 in Berlin, where they learned about the latest advances in breast cancer care and gathered together with other women and advocates in the sessions, at the ED General Assembly, reception and at the special advocacy area at the EUROPA DONNA booth.
EUROPA DONNA's Short Guide to the European Guidelines has been distributed in English to all ED members and to all delegates at EBCC-6. French and Spanish translations have been published; translations into German, Italian, Russian, Greek and Turkish are under way, and Polish, Swedish and Slovenian will follow.

Inbox
Do you have an opinion or news you wish to share?
Let us know info@europadonna.org

EUROPA DONNA has declared 15 October Breast Health Day and will be hosting a special inauguration with prominent speakers and all its national representatives in Milan. The aim of the day is to disseminate information concerning breast health and to raise awareness of prevention and early detection of breast cancer among women and girls across Europe.

7th Annual European Breast Cancer Advocacy Training Course
7–9 November 2008 – Milan, Italy
Some highlights of EUROPA DONNA’s annual course:
- Basic biology of breast cancer and genetics
- Epidemiology, prevention and risk factors
- Clinical trials
- Treatment of breast cancer
- Mammography screening guidelines and screening in Europe
- European guidelines on specialised breast units
- Psychosocial services for breast cancer
- Advocacy – definitions and methods
- Communication skills training
For more information contact your national representative or info@europadonna.org

2nd Interconference Breast Cancer Meeting
23–25 April 2009, Sarajevo, Bosnia and Herzegovina
Special sessions with EUROPA DONNA participation include “Guideline implementation and advocating for breast health”, “Setting up a EUROPA DONNA Forum”, and a joint session on prevention and counselling with the European Oncology Nursing Society.

1st IMPAKT Breast Cancer Conference
7–9 May 2009, Brussels, Belgium
For more information, see page 11.

9th EUROPA DONNA Pan European Conference

EUROPA DONNA, the European Breast Cancer Coalition, is an independent, non-profit organisation whose members are affiliated groups from countries throughout Europe. The Coalition works to raise awareness of breast cancer and to mobilise the support of European women in pressing for improved breast cancer education, appropriate screening, optimal treatment and care and increased funding for research. EUROPA DONNA represents the interests of European women regarding breast cancer to local and national authorities as well as to institutions of the European Union.

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