Ensuring progress on best practice

From advocacy training, to the EU guidelines and the ED Pan-European Conference

Answering the advocates

TRANSBIG Scientific Director Dr. Fatima Cardoso on getting MINDACT into motion

EONS President Dr. Yvonne Wengström on GAEA, nursing and improving communication

The Advocacy Training Course six years on: Results of the survey

Findings of the genetic testing in hereditary breast cancer questionnaire

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Ten Goals of EUROPA DONNA

➔ To promote the dissemination and exchange of factual, up-to-date information on breast cancer throughout Europe
➔ To promote breast awareness
➔ To emphasise the need for appropriate screening and early detection
➔ To campaign for the provision of optimum treatment
➔ To ensure provision of quality supportive care throughout and after treatment
➔ To advocate appropriate training for health professionals
➔ To acknowledge good practice and promote its development
➔ To demand regular quality assessment of medical equipment
➔ To ensure that all women understand fully any proposed treatment options, including entry into clinical trials and their right to a second opinion
➔ To promote the advancement of breast cancer research
ED continues to expand and we are proud to welcome another new member, Kazakhstan, which has joined as our 40th member country. The growth of our individual country organisations is another sign of success and power and contributes to our strength as the European Breast Cancer Coalition. The invitation for me as President of ED to speak at the opening of the 10th International Conference in St. Gallen in Switzerland was more proof of the importance of our organisation. It was a great honour and pleasure for me to address the 5,000 participants and talk 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.

The 1st Interconference Breast Cancer Meeting in Sarajevo in April 2007 was another highlight for our organisation. The conference was an initiative 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, member of the ED Executive Board, was co-chair of the conference and gave a splendid presentation on overcoming the barriers and obstacles to patients taking part in clinical trials. The conference attracted more than 350 participants and will be repeated in the spring of 2009. The patients’ seminar was very well attended with more than 100 advocates, most of them from the 17 local organisations in Bosnia and Herzegovina. The local organisations are for the time being joining together to form a national coalition and we hope to be able to welcome them as members of our coalition very soon. Croatia and Slovenia were also represented at the conference, which was a clear success in the beautiful city of Sarajevo with its multicultural heritage.

During the past year I have visited two of our national fora and member countries. The first visit was to launch the newly formed national Forum in Finland. The launch was well organised with a seminar attended by several politicians and professionals. The attention in the media was a success and I wish the new members in Finland the best of luck in their important work. My other visit was to Malta, where I was invited to lecture for oncology nurses attending a master class in oncology. I took the opportunity to meet with the ED Forum and was invited to a meeting for the members. It was most interesting to hear about the challenges for breast cancer advocates working on the two islands, Malta and Gozo, with a population of 400,000, where significant barriers exist in organising a national screening programme.

ED’s voice has been heard in many different conferences and contexts. Nicole Zernik, our Vice-President, gave a presentation at the European Cervical Cancer Association Workshop in January in Brussels. We are represented on the BIG (Breast International Group) Scientific Committee and on several committees of TRANSBIG; their first trial, MINDACT, uses microarray technology and began in early 2007. This year EUROPA DONNA, together with EUSOMA and EORTC through VZW (the foundation of EBCC), has given a contribution to BIG for the coordination of clinical trials.

ED has representatives on the Executive Scientific Committee preparing the next European Breast Cancer Conference, EBCC-6, that will take place in Berlin in April 2008. I am pleased to inform you that there will be new advocacy fellowships offered in addition to the bursaries provided by ED. Another first is that ED will decide the winner of the Nathwani Prize that will be announced at EBCC-6.

We hope to meet as many of you as possible during the 8th EUROPA DONNA Pan-European Conference in Amsterdam on 27–28 October. We encourage all of you to come as the meeting will provide an excellent opportunity to learn and understand more about EU guidelines, how to implement them, and to get ideas from other advocates. It is also important to attend the General Assembly and make sure that the ideas of your Forum are heard.

“The growth of our individual country organisations is another sign of success and power and contributes to our strength as the European Breast Cancer Coalition”

President Ingrid Kössler
Executive Director Susan Knox

It has been a busy, exciting year as more and more breast cancer advocacy initiatives unfold across Europe. The energy, creativity and commitment shown by all the advocates in our national fora is indeed impressive (see pages 15-23) and we are pleased to welcome Kazakhstan as our 40th member of EUROPA DONNA. Following the adoption of the second Resolution on Breast Cancer at the European Parliament in October and the publication of the EU Guidelines on Quality Assurance in Breast Cancer Screening and Diagnosis last year, ED is now preparing a EUROPA DONNA Guide to the Guidelines, a tool that can be used by advocates, parliamentarians, and lay people to insist on implementation of the guidelines in their respective countries. These will become part of the training package used in our Annual Advocacy Training Course and as such will be supported by the European Commission in the new European Cancer Network (ECN) contract which will be finalised in late summer. We have also published a pamphlet describing TRANSBIG and the MINDACT trial, and a revised version of our Breast Health Passport with a new section for young women and an updated section on lifestyle issues. We have also carried out various surveys this year – one on hereditary breast cancer, one on the impact of our Advocacy Training Course and one on tissue banking.

Also important is our ongoing work with ECN to establish criteria and a methodology acceptable to the European Commission regarding accreditation guidelines for specialist breast units. We continue to ensure that our voice is heard by providing input into the new EU Health Strategy, European Public Health Alliance, European Health Forum and European Patient Forum consultations, including the new transparency guidelines.

Our experience and expertise in a wide range of advocacy-related topics have been acknowledged in various settings this year: at the European Patient Forum Spring Conference our organisation’s lobbying initiatives and activities were frequently cited and highlighted as models for newer NGOs, while the Galileo 2001 association of medical experts in Italy asked us to present our views on the role and importance of complementary medicine to patients in Europe at their annual meeting. We continue to participate in the EUROCAN+PLUS project to provide our input on what breast cancer advocates need and want in terms of breast cancer research in Europe.

The Boston Consulting Group has offered to help ED develop a Strategic Plan on a pro bono basis because of our status as the pre-eminent non-profit breast cancer advocacy group in Europe. The initial research phase of this project has already begun and will continue until September. This is an exciting initiative in which all our representatives and collaborating organisations will have a chance to provide their input and views on how our organisation functions today and how they feel it should evolve in the future. It is an important exercise for a growing organisation such as ours to carry out in order to move forward efficiently and effectively.

ED continues to be active in the development of advocacy materials that are user-friendly, including a pamphlet describing TRANSBIG and the MINDACT trial, and a revised version of our Breast Health Passport.

Finally, the highlight of our year – the 8th EUROPA DONNA Pan-European Conference will take place on 27–28 October in Amsterdam. Our biannual conference is an important meeting that will help move us closer to our goal of seeing that all women receive state of the art breast services and care. I look forward to seeing all of you there and to sharing ideas on how to “ensure progress on best practice”.

“Our biannual conference is an important meeting that will help move us closer to our goal of seeing that all women receive state of the art breast services and care”
Keeping in touch: On clinical trials, communication and breast care nursing

In 2007 EUROPA DONNA has continued to reinforce two key priorities: the Coalition’s involvement in clinical breast cancer trials and its efforts to extend the breast care nursing speciality across Europe. Through the TRANSBIG Consortium and the MINDACT trial, it has played a role in ensuring that women who participate in the trial receive comprehensible information on all aspects of the study. And, as the patient advocacy resource for the GAEA Initiative, it also may contribute to improving communication between health-care providers and women with breast cancer. One of the main players in ensuring that this occurs in a daily medical setting and within clinical trials is the breast nurse. With this in mind, ED’s Answering the Advocates this year focuses on the latest in the MINDACT trial, the GAEA Initiative survey and breast care nursing as a means to implement standard high-levels of breast care across Europe.

The MINDACT (Microarray for Node Negative Disease may Avoid Chemotherapy) trial has begun recruiting patients. It is the first trial by the TRANSBIG Consortium, of which ED is a member of the Steering, Ethical-Legal, and Spreading of Excellence Committees. MINDACT is an international trial which aims to identify a subset of women with node-negative breast cancer with a low risk of recurrence and therefore not requiring adjuvant chemotherapy. New microarray technology will be used to identify a woman’s risk of recurrence based on a 70-gene signature. If the trial hypothesis proves correct, about 15% of women may be spared chemotherapy. In 2005 ED met with the TRANSBIG founder and Coordinator Dr. Martine Piccart to learn about the trial plans. Now that the trial has begun recruiting, ED’s Answering the Advocates interviewed TRANSBIG Scientific Director Dr. Fatima Cardoso about the progress and the new communications tools created with input from ED.

The GAEA Initiative is a collaboration between the European School of Oncology, the European Oncology Nursing Society (EONS) and Novartis Oncology. As part of the Initiative, the GAEA survey set out to determine post-menopausal patients’ knowledge about the risk of recurrence in early breast cancer, to define their understanding of the purpose of adjuvant endocrine treatment, their attitudes towards adjuvant endocrine treatment and to identify their informational and support needs and how these can be met. EUROPA DONNA acted as a patient advocacy resource to the GAEA Initiative. The study results have just been published in *The Breast* and reveal that significant gaps exist in women’s understanding of their adjuvant endocrine treatment, particularly in three areas: their involvement in the treatment decision, their knowledge and awareness of adjuvant endocrine therapy, and their access to information and support services. The survey also highlighted the important role that nurses play in supporting women, ensuring they understand the information and helping them to make treatment decisions. ED spoke to the President of EONS, Dr. Yvonne Wengström, who is also a member of the Steering Committee of the GAEA Initiative, about the survey and the importance of breast care nursing.
EUROPA DONNA: The MINDACT trial has now recruited its first participants. How many women do you plan to recruit altogether and how many in 2007? Where are they being recruited and how can women access information on this?

Dr. Fatima Cardoso: Recruitment began in February. We need to recruit 6,000 eligible patients, which means that we will need to register an estimated 8,500 women because many women will not be eligible. We hope that by the end of 2007 we will have the first 800 patients for the pilot phase, at the end of which we are going to look carefully to ensure that our estimations are correct, that the trial is being followed correctly, that there aren’t many protocol violations. The Independent Data Monitoring Committee needs to look at the results and ensure that patients are not being harmed.

As for where patients are being recruited, we have started with about six to 10 centres in Belgium and the Netherlands, the countries where the people involved in the trial from the beginning are from. Once we have tested the logistics and made sure that everything is working perfectly we will open the other centres in those countries. In the meantime, we will open up in other countries, such as France, Italy and Spain and later Germany and the UK.

How can women have access to this information? We are remodelling the BIG and TRANSBIG website to make it much more user-friendly for people who are not necessarily scientists. The majority of the information will be simple and easy to understand and will also have links to sites including the MINDACT site of the EORTC. Also, women should always ask their physician because there is widespread information about the trial in the oncology and scientific community. All physicians can contact the EORTC and/or the BIG-TRANSBIG Secretariat and have all the information regarding how their centre can participate.

ED: How many patients have been recruited now and how long will this take?

FC: The trial is up and running in Jules Bordet Institute and at the Netherlands Cancer Institute. As of the end of May, 71 patients had been screened and 24 enrolled.

We need to work very closely so that the oncology, surgical, and pathology departments and the research nurse work in very close collaboration so that every single step becomes a routine in
every single hospital. Once this trial becomes part of the routine, the recruitment will increase a lot.

We expect that we will need three years to recruit 6,000 patients. This is because the majority of our breast cancer patients are potentially eligible. If a woman doesn’t have a tumour that is greater than 2 cm or 2.5 cm, if she does not have palpable nodes, she is potentially eligible for the MINDACT trial. That means a great majority of our patients.

**ED:** The MINDACT trial is different as it is designed as a user-friendly trial. What has this approach involved?

**FC:** Because the trial is so complex we thought it was very important to develop communications tools for the physicians and the patients. For the physicians, we developed standard operating procedures, for each step of the trial. Then we created a web platform through which we can coordinate the running of the trial.

The most difficult part of this trial is explaining it to the patient because it takes time, and time is not something conceded to physicians. We need to facilitate the life of the physician and at the same time to ensure that the patients receive the information they need. The informed consent forms explain, in the easiest possible way, everything related to the trial. This is the normal rule and every trial must have it. When we developed the MINDACT consent forms we involved ED from the beginning and also we have asked individual patients to read and make sure that the forms were comprehensible. This was one of the roles of ED to help us develop informed consent forms that are really comprehensible for the patients.

Then we decided to create a DVD to help patients understand more about microarray technology, what it could bring us and why we need it; to explain to them how we currently decide whether or not we propose using chemotherapy, explain the limitation of this method and explain what we believe could help us improve it. Microarray is a complicated technology and images are always easier to understand. We also thought it would be a good idea to have the DVD translated into 13 different languages. We will be seeing patients from all social, economic and educational levels, so they will be much more at ease at such a stressful moment seeing a DVD in their own language with minimal subtitles.

**ED:** ED was involved in the creation of the DVD as well.

**FC:** In the TRANSBIG Consortium, the DVD was one of the materials developed by the Spreading of Excellence Committee, of which ED is an active member. We all developed the DVD together and ED tested it for us, making sure that it was adequate for the lay public and comprehensive enough and that it could be really helpful for the patients.

**ED:** Is this type of material new? Are you aware of it being used in other trials?

**FC:** As far as we know, this is the first time it was done, and – we need to test it, of course – if we feel that it is really helpful for the patients and for the nurses and doctors, then we might consider doing it for other trials.

**ED:** Have you had any feedback on it?

**FC:** Because of the need for translation there has been a delay in producing the DVD, since it’s one DVD with all the language options. I have had the opportunity to test it on some of my patients and they thought it was very important and that it really helped. We will soon have 8,000 copies so that each patient can receive her own copy and watch it again at home with her family.

> “Because the trial is so complex we thought it was very important to develop communications tools for the physicians and the patients”

**ED:** The doctors and nurses will be distributing it to the patients?

**FC:** Everything that is given to the patient must be approved by the ethics committee of each hospital. We felt that we should divide the DVD into two main parts. The first is a general section that explains breast cancer, node-negative breast cancer, the benefits and side effects of chemotherapy, how it is now decided whether or not to give chemotherapy, and what microarray technology is. Then there is the second part that leads each patient through her own results. For the first part, the patient can see it at any time; for the second part, we don’t want her to see it alone. The research nurse needs to be close to her, or the physician, if possible. The first time they see the DVD someone must guide them through it. Then once they have seen it for the first time they can take it home.

**ED:** Are the nurses trained in the use of the DVD?

**FC:** The trial cannot be done without a fully dedicated research nurse or a fully dedicated fellow, whichever is possible in each hospital. It demands so much time that the physician alone cannot do it. This means that the role of the research nurse is crucial. They have been trained and are a crucial part of this trial. They are very happy with this tool and believe it helps them a lot with their explanations for the patients. Nevertheless, there will be patients of all social and educational backgrounds. There are people of a certain age who will be frightened by the DVD technology and so we are now developing written material in collaboration with one of the TRANSBIG fel-
ED: A special workshop on MINDACT is scheduled for EBCC-6 next year. How important is this type of exposure and how can it help?

FC: We have already held some workshops, but this time we thought that we should focus on the lay public. In Berlin we will have a workshop with two parts: the first will be included in the conference, where we will discuss the crucial role and the indispensable collaboration between the patient, the physician, the researcher and the nurse. These new trials and the new management of breast cancer mean that all these people need to be working closely together. It’s not possible to live in different worlds and expect things to fall into their place. There needs to be excellent communication both to treat breast cancer correctly and to advance in research. The first part of the workshop will cover what we have experienced so far, the barriers we still find and how to overcome them. Since the patient is one of the crucial parts, ED will participate in this first part of the workshop.

The second part of the workshop is open to the public and will be in German, the local language, with a panel of experts covering areas from imaging, oncology and biology. There will be patient representatives, both from ED and from other German groups. These people will make very brief talks and then it will be open for questions from the audience made up of the general public.

People still don’t understand how well patients are treated in clinical trials due to their tight rules and regulations

ED: How important is ED’s input on the Steering, Spreading of Excellence and on the Ethical-Legal Committees?

FC: It is not just a matter of being important or politically correct, I think that it is indispensable. I don’t see how we can develop something focused on the patient without having help from the patient advocates. It is just as simple as that. For all of the BIG and TRANSBIG trials, patient advocates/representatives are members of the steering committee. The crucial role of ED goes beyond the participation in individual trials, to patient education as well as physician education, and the importance of participating in clinical trials. Stella Kyriakides speaks extremely well about this. For me one of the best parts of the DVD is when she speaks. She explains exactly what it means to participate in clinical trials, why it’s so important for our future, for our daughters, for all the women who come after us.

Unfortunately there is a lack of information about trials, even among physicians. I have had general practitioners advising my patients not to participate in clinical trials. These are areas where ED together with physicians and researchers can help educate not just the general population but also the physicians. People still don’t understand how well patients are treated in clinical trials due to their tight rules and regulations.

ED: ED has worked to raise awareness of MINDACT through its advocacy training courses, its conferences, its publications, etc. Now that the trial is underway are there other ways advocates can contribute?

FC: There are two other parts. We are collecting tumour material and blood from 6,000 patients and collecting whole genome data, so it’s really a gold mine for research and to develop new strategies. But we have to be sure that the access to these materials follows every correct legal and ethical procedure. ED is involved in the legal committee helping to develop this policy, helping to determine who can access these materials, and how. This is something that is already ongoing.

We have also been discussing how ED can help us by lobbying through its representatives in its member countries to help find the funding that is still lacking. It’s difficult to find funding for an international trial since most charities generally only give money to national projects. Patients have a huge impact, much greater than I think they realise, in terms of political lobbying and in terms of getting funds for important projects. In fact, governments should invest in this type of trial because, if we can better define patients who do not need chemotherapy (and we estimate that 10–15% fewer patients will need chemotherapy), we will save enormous amounts of money due to the high cost of adjuvant chemotherapy.

The TRANSBIG team, from left to right: Chantal Verrier, Tuc Nguyen van, Giovanna Rizzetto, Fatima Cordoso, Livia Meirsman, Martine Piccart-Gebhart, Carla Saravia, Anne Westcott, Kris Vantongelen, Joan Debelder.
EUROPA DONNA: The GAEA survey has revealed clear gaps in communication between health care providers and breast cancer patients with regard to the benefits, risks and side effects of adjuvant endocrine therapy. What steps need to be taken to better inform women and involve them in treatment decisions?

Dr. Yvonne Wengström: GAEA gave us the idea that the doctors have a pivotal role to play. I think it is extremely important to make the doctors aware of how important it is for patients to receive information and that they are really keen to be involved in treatment decisions. That is one of the key issues we have to work with right now.

We discussed the findings and it was a big surprise to me that doctors don’t seem to be very aware of how important these issues are to women. They said that they didn’t usually cover this information because they were not clear about its importance to women.

ED: How can we make them more aware of this and help them provide information to women?

YW: By publishing the GAEA results, by writing newsletter articles about this, by making doctors in different meetings aware of the results. I think that EUROPA DONNA has a major role to play in lobbying for these results to be available to all physicians.

ED: What role can nurses play in ensuring that women are duly informed?

YW: Since the study was done in Europe, the GAEA study results show the diversity of how representative cancer nursing is in each country. I don’t know if you’re aware, but I think that the speciality is recognised in approximately half of the EU countries. So, it is something we really have to work hard on. In that case, if the cancer-nursing speciality is only recognised in half the EU countries, then breast care nursing as a specialty is even less well recognised. That also doesn’t give nurses the total leeway in fulfilling the role that they can play when meeting these women.

“I think that EUROPA DONNA has a major role to play in lobbying for these results to be available to all physicians”
ED: How do you think we can make this speciality more widely spread across Europe?

YW: The European Oncology Nursing Society has started to work with 12 other specialist nursing organisations. We are trying to lobby the European Federation of Nurses and different people in the political arena that these specialities are very important to ensure that patients with different kinds of ailments receive high-quality treatment and care.

There are studies available today, like the Aiken study in the United States. It is a new study out now, a replicated study done in Europe, and the results are quite similar. It says that higher education and increased nursing staffing really increases survival for patients. We can use these different tools to lobby politicians so that they recognise that speciality knowledge is needed in today’s complex health care system to ensure high-quality care for patients.

ED: This would also ensure that training possibilities exist.

YW: Absolutely. One way of doing this is that EONS is going to develop in the future a breast care module for their core curriculum. The cancer-nursing curriculum is used by quite a few European countries as a basis for their specialist education and the different kinds of courses that they have.

ED: So that it can be applied Europe-wide?

YW: Yes. We have done this on a Europe-wide basis, based on a credit system that is used in Europe so that is translatable to all the European countries that are interested.

ED: What can we do to make the politicians aware that this needs to be put in place?

YW: I think by using the different tools that I mentioned. I think that one very important element is that the patient organisations, the nurses’ and the physicians’ organisations do this together, just like we have begun to do in the last couple of years; to create statements together, letters and try to collaborate to enhance awareness.

ED: Are there any other breast nursing projects that advocates should be aware of?

YW: Right now for breast care we are focusing on the core curriculum. It would be fantastic to collaborate with the patient organisations while we are developing this because it would be beneficial to have a dialogue of patients’ needs with somebody who really knows what they are talking about. This is something that we are really focusing on because it is a lot of work to develop a core curriculum. We can also see though that the previous curricula for cancer in the elderly have a great impact and that nurses across Europe are using them in their course work, and when they are developing courses of different lengths.

ED: The core curriculum is being created by EONS. Are you involved in working with the editors of the European guidelines?

YW: No, we would very much like to be involved, but we are not at the moment.

ED: Besides the core curriculum are there any other nursing projects underway?

YW: The GAEA study is being published right now in The Breast. The online version was made available in April, and the journal will be printed in June. That is an important message that we are sending to the physicians if you implement the guidelines and work according to them.

ED: How feasible do you think their implementation is across Europe?

YW: I think it is important and feasible, but I also think at the same time that there is the demand for the possibility of specialist training for physicians and nurses at the same time as having the approach of specific guidelines for one diagnosis. I think it is very important.

“EONS is going to develop in the future a breast care module for their core curriculum”

ED: How do you think we can make this speciality more widely spread across Europe? We can use these different tools to lobby politicians so that they recognise that speciality knowledge is needed in today’s complex health care system to ensure high-quality care for patients.”
and nurses that read this paper. There are clear data now showing the need for information and communication with women with breast cancer. We have also submitted a systematic review to another scientific journal that focuses on effective nursing for patients on adjuvant endocrine therapy. So I think we are pooling our efforts toward the scientific publications. There is more that can be done, but I clearly believe that we should collaborate with the physicians and patients in the area of breast cancer.

ED: To sum up, based on the GAEA findings and your general experience in oncology nursing, what main steps need to be taken to improve breast care for women?

YW: Something I haven’t mentioned that is extremely important now is for nurses to take the responsibility and actually play the pivotal role that they are able to play in the treatment and follow-up of women on adjuvant endocrine therapy. This is something that has not been done, which is something very clear in the GAEA study. This would actually be a call for action for the nurses.

"There are clear data now showing the need for information and communication with women with breast cancer."

ED: Are there any other ways for advocates and nurses to combine forces?

YW: At conferences, for one, to raise awareness through symposia and joint publications, is all very important. It doesn’t have to be scientific publications. Raise awareness through leaflets, for example. There are different ways of doing this for the general population. I think we could do this to a further extent.
EUROPA DONNA’s recent survey on its Advocacy Training Course has revealed that most advocates who have participated in the annual course feel that it was a highly positive experience that strengthened their skills as advocates. Many specifically mentioned that the course made them understand what it meant to be a member of ED, and how to lobby and advocate, fighting for a common goal. And 85% said that they would welcome a new course in “Advanced” training in advocacy work.

ED has now been running its Advocacy Training Course for five years, six including the “pilot” year, 2001. Over the years it has trained 271 advocates from many ED member countries. The course has undergone some modifications, but on the most part the structure and content remain unchanged. It covers two broad modules: the “Scientific and Advocacy” model, which lasts a day-and-a-half, and the “Communications Skills Training” module, which lasts a day. The participating advocates fill out two satisfaction surveys, one for each module, and these indicate that most advocates are delighted with the training they receive. Results from these surveys have always been excellent.

Bearing this in mind, ED decided to undertake another survey of the women who attended the course, to see how they felt about the training course with the benefit of hindsight. ED wanted to know how the women who had attended the course felt it had impacted on their work as advocates, and, looking back, how useful it had been to them. The participants were asked whether they would be interested in further training, beyond the “core” advocacy training course, if it were to be made available.

The survey was sent to all the women who have attended the course since 2001 and who could be contacted by email. Of the 271 women who had attended the course, email addresses were available for 172, and these turned out to be correct for 120 women. Women who had attended in November 2006 were not included, as it was too soon for them to assess the long-term impact the course could have had on their activities as advocates. A total of 32 responses were received, some of which were “group” responses on behalf of two or more advocates, so approximately 40 women responded, representing about 33% of those surveyed.

Women in 16 countries sent in responses, with at least one response from women in each of the following countries: Austria, Belgium, Croatia, Cyprus, Denmark, Estonia, Greece, Israel, Latvia, Malta, Romania, Slovenia, Sweden, Switzerland, UK and Ukraine.

The results

Overall, the women who responded to the survey continued to rate the ED Advocacy Training course very highly. Many of them described how the course had enabled them to understand what could be done in their countries, by talking with advocates from other countries and by hearing about practical examples of how to organise themselves and different approaches. For instance, one woman remarked that it “…really helped us in learning how to integrate our efforts with those of other European countries.” It also helped to reinforce what it meant to be part of the European Breast Cancer Coalition, how to lobby and advocate and fight for a common goal. Many also mentioned that the scientific lectures had given them an excellent overview of breast cancer and its treatment.
Highlights of the results

Many women commented on the importance of the Communications Skills Training module to their work. They said this training helped them to focus on their message when dealing with journalists and politicians. The basic assertiveness techniques were also highlighted as being important in helping to build confidence.

Many women also highlighted how important it had been to them to meet advocates from other European countries and to exchange experiences. They felt empowered as a result and felt the course had increased their solidarity with other women and energised them. One woman remarked that she felt that her experiences at the course meant that she felt she was “...not alone and we are all fighting for a common cause”. Another said the course had been “Very important as it provided me with the information necessary to create the picture of how breast cancer services are improving in other countries and have achieved higher standards of quality.”

The Scientific lectures also rated very well with attendees over the years. For many women this was their first comprehensive introduction to all of the medical aspects of the disease.

The Advocacy Training Course also scored particularly highly when women rated the impact the course had had on helping them meet with medical professionals, in their new roles as advocates, rather than as patients.

21 of the women also said the course had a “high impact” on helping them organise awareness-raising events. Five further women said the course had had a “medium impact” on this activity.

The Lobbying Techniques module also rated highly with attendees, with many saying this was the area that was newest to them.

For the future, 27 women, or 85%, said that they would welcome “Advanced” training in advocacy work. The topics of particular interest to them were Update on Treatments, Clinical Trials, EU Guidelines and Lobbying Techniques. One or two mentioned that it might be useful at an “Advanced” course to meet with professional lobbyists to discuss techniques. A few also said that they would welcome further Communication Skills training.

What impact did the training have on your ability to organise Awareness-Raising Events?

For you, what impact did the training have on publishing advocacy-related materials?

What impact did the training have for you on speaking at conferences, speaking with politicians, speaking with journalists and speaking with medical professionals as a breast cancer advocate?

During the course in 2004

Presentation of ED pins in 2004
EUROPA DONNA defends patients’ interests in clinical trials

ED President Ingrid Kössler and Past President Stella Kyriakides helped co-author a recent Commentary article published in Nature on how clinical trials can best benefit patients. Along with the article’s lead authors, Martine Piccart and Aron Goldhirsh, they call for a more equal partnership between academia and the pharmaceutical industry to better serve the needs of patients.

“The prime objective of clinical trials is to improve the outcomes for patients with the disease, and no consideration of commercial or academic advantage should cloud the collection or interpretation of data for such trials,” the authors stated in the article.

Whilst they recognise that large-scale trials require financial resources beyond those currently available from government or philanthropic grants, they ask academic researchers to consider whether a trial is purely focused on a commercial endpoint, or whether the trial design is distorted by commercial interests, before agreeing to participate in industry-run trials.

The authors furthermore backed the World Medical Association in its calls for expanding disclosure of funding sources and financial conflicts of interest to potential trial participants. They also firmly support the use of a clinical trial model in which data are held and analysed by an independent committee. This model facilitates collaboration between academia and industry and should ultimately lead to benefits for trial participants and patients in general.

Commenting on the article, Ingrid Kössler said, “Effective synergy between researchers and industry is needed so that the right questions are addressed – those that will benefit women in the long-run and that will maintain women’s confidence in the whole clinical trial process. The fact that this issue is now being discussed and that this commentary was published in Nature indicates that the patient’s voice is now being heard and considered.”

The full article was published in Nature 2007, 446(8): 137-8.

Breast cancer is now the most commonly diagnosed cancer across Europe, as reported in a recent International Agency for Research on Cancer (IARC) study on cancer incidence and mortality rates in Europe. The study authors attributed this increase to the influence of organised screening programmes and early detection.

Dr. Peter Boyle, Director of the IARC and one of the study’s authors, commented, “The increase in incidence of breast cancer is due mainly to better case detection, and at an earlier stage. The rapid consequence of such programmes is a sharp increase in the incidence figures, which have surged by 16% since 2004.”

The study published in Annals of Oncology found that in 2006 there were 429,900 new cases of breast cancer, accounting for 28.9% of all diagnosed cancer cases in women. This makes breast cancer more common in women than colorectal or lung cancer.

Breast cancer deaths in thousands and (percentage of total cancer deaths) in 2006

| Region              | All cancer cases but nonmelanoma skin | Breast cancer cases in thousands and (percentage of total cancer cases) in 2006 |
|---------------------|--------------------------------------|---------------------------------------------------------------------------------
| Europe              | 429.9 (28.9%)                        | 1065.7 (100%)                                                                 |
| European Economic Area* | 328.6 (30.8%)                        | 1036.1 (100%)                                                                 |
| EU25                | 319.9 (30.9%)                        | 1036.1 (100%)                                                                 |
| All cancer cases but nonmelanoma skin | 1489.7 (100%)                        | 1006.7 (100%)                                                                 |
| Breast cancer deaths in thousands and (percentage of total cancer deaths) in 2006 | 131.9 (17.6%) | 87.2 (16.7%) |
| All cancer deaths but melanoma skin | 511.3 (100%)                          | 511.3 (100%)                                                                 |

The study authors also attributed the rise in general cancer incidence rates across Europe – from 2.9 million in 2004 to 3.2 million in 2006 – to the ageing population. This factor is also causing mortality figures due to breast cancer to rise, despite a reduced number of breast cancer deaths observed in younger women.

The researchers noted that while organised mammography screening programmes will increase the incidence figures for breast cancer over the short-term, they will lead to a reduction in death from breast cancer. They added: “The maximum effect will be derived from programmes with effective quality-control procedures.”

A free version of the full article is available online: http://annonc.oxfordjournals.org/cgi/content/full/498v1

The next volume of IARC’s “Cancer Incidence in Five Continents” containing more population-based data is due out in 2007.
ED’s Genetic Testing

About the survey on genetic testing

In August 2006 EUROPA DONNA sent out a questionnaire on genetic testing for hereditary breast cancer to the national representatives of all of its ED member countries (39 at the time, now 40). The purpose of the questionnaire was to try to establish whether, as far as the national ED organisations know, genetic testing for hereditary breast cancer was available in their country, and if so, the standards and quality, etc. of testing, as well as the context in which testing is available.

Twenty-two EUROPA DONNA Fora responded to the survey, which represents a response rate of 55%. This in fact is very good when considering the complexity of the subject. The national ED organisations which responded to the questionnaire were Austria, Belgium, Croatia, Cyprus, Czech Republic, Estonia, Finland, France, Germany, Georgia, Greece, Hungary, Ireland, Israel, Italy, Netherlands, Norway, Poland, Slovenia, Sweden, Turkey and UK.

The questionnaire contained 28 questions in total. ED’s member fora made substantial efforts to respond to all of the questions. Many countries convened their Boards to consider the questionnaire first and then asked the relevant ED Advisory Committee or local genetic experts to respond on their behalf. Some of these experts have themselves shown an interest in the survey’s results and asked ED to communicate those results to them when they are available.

Some highlights of the results

➔ 19 out of the 22 ED country fora which responded have genetic testing for hereditary breast cancer available in some way in their countries

➔ Of the 19 countries who said genetic testing for hereditary breast cancer was available, 12 said genetic counselling before testing was always given. The other seven said it was sometimes given. None of the countries where testing is available said that no counselling was available before testing

➔ Most of the countries (13) where testing is available have the costs of those tests covered 100% by their health services, either national or regional. Six countries do not have funding for genetic testing provided by their health services

➔ There are 10 countries where private companies also provide genetic testing for hereditary breast cancer (as well as the national health service)

➔ Clinical guidelines for genetic testing for hereditary breast cancer are available in 14 of the countries which have testing. These guidelines are produced either by the health service or by the hospital or clinic doing the testing

➔ 10 countries responded that they know of clinical trials going on in the area of hereditary breast cancer

➔ Life and health insurance companies for the most part do not, or cannot ask clients or potential clients about the results of genetic tests for hereditary breast cancer. However, they usually can, and do, ask about any known familial disease. There are a few countries where these sorts of questions are banned by legislation (France, Israel, UK) for now. ED has in some cases been active locally in getting this legislation implemented

➔ Thankfully, no country reported that employers are permitted to ask about the results of genetic tests for hereditary breast cancer

The graphs to the right provide a sample of the results.
EUROPA DONNA advocates have participated in many meetings and events since the last newsletter – taking them from Istanbul and Sarajevo to Chicago and beyond. These events included the 5th ESMO Patient Seminar in Istanbul in September, the EPGBC meeting at the European Parliament and the National All-Party Parliamentary Group meeting in Brussels in October, the Annual Advocacy Training Course in Milan in November, and the St Antonio Breast Cancer Conference and EUROCAN+ in December. This year brought the European Patients Forum and European Health Forum meetings in Brussels, and the 10th International Conference at St Gallen in March, the Interconference Breast Cancer Meeting in Sarajevo in April, and an advocacy symposium at ASCO in Chicago in June. ED advocates have also made various visits to ED Fora. The Coalition is now preparing for an active autumn: October will feature a meeting of the EPGBC in Brussels, and the Pan-European Conference in Amsterdarm, followed by the Advocacy Training Course in Milan in November.
News from member countries

**Austria**

ED Austria will launch the Breast Friends Campaign in October/November 2007, accompanied by a press conference and a launch event to be followed by the Breast Friends Exhibition. In conjunction with this, a booklet will be published, “Guidelines for being a BreastFriend”. At the present time, ED Austria is in close co-operation with self-help groups and breast cancer initiatives in all regions of Austria. This year ED Austria plans to publish four issues of its breast cancer-related magazine, DONNA, to keep its home page up-to-date, and to continue its successful networking through groups, initiatives, health workers, care-givers and other relevant people. Its online guide “Mammography” will be available in print format later in the year. A two-day patient symposium is planned for October with scientific presentations, lifestyle lessons, workshops and sporting activities. However, it is still at the fundraising phase and, if it is not possible to have it this year, then it will be held next year. Two delegates are to attend the ED Advocacy Training in November, one delegate will attend the 8th Pan-European Conference in Amsterdam, and one will be sent to the Patient Forum taking place in Barcelona during ECCO 14.

**Belgium**

ED Belgium has been arguing and fighting for many years to have breast clinics implemented in Belgium. Today there are many breast clinics, but still no legal implementation to meet the European requirements. Why does it take so long? It appears that ED Belgium is certainly not the only player in the field and that obstacles continuously appear along the road. Some medical lobbyists try to avoid a strict application of the guidelines in order to maintain a high degree of individual medical freedom. Many professionals are frightened by the strict regulations. In these cases, it has proven very useful to present results from scientific research as a solid basis for advocacy. Only scientific evidence can win them over, step by step. Politicians tend to see the surplus of the breast clinics in terms of the good health care system already available, and need to discuss what further requirements there are and their cost. Figures of medical performance are very valuable and the establishment of an interparliamentary group has contributed to spreading the message that the concept of breast clinics can better guarantee a high standard of treatment and support to women with breast cancer. The ministers ordered a cost–benefit study for implementation with alterations to some aspects of the guidelines. However, as national elections approach, the ED Belgium challenge is now to guarantee continuity in this positive process, and to take up the thread with the newly elected politicians.

**Bulgaria**

The activities of ED Bulgaria were marked by the very close co-operation with the Uverture orchestra, which embraced the objectives of ED and a long-term partnership was established. Since April 2006, the orchestra and its conductor promote prevention and the need for early diagnosis. During all their concerts, the musicians wore pink ribbons and the ED logo and encouraged the audience to increase awareness of problems in the health system and that women must take care of their health. During concerts in April, June and October, there were free seats for patients, and ED Bulgaria exhibited posters and other printed promotional material. During the big Christmas concert, ED Bulgaria invited not only its members and patients, but dedicated the concert to the medical profession – doctors, nurses and Ministry of Health employees. All the guests appreciated
this initiative and attended in great numbers. ED Bulgaria believes that as well as criticising the faults of the system, gratitude and appreciation should also be shown to the medical profession to find ways to co-operate at all levels. ED Bulgaria members participated in four different TV shows on different national TV channels. Other members regularly participated in radio broadcasts on prime-time shows. Numerous informal meetings were held with patients. In many cases personal problems were solved and patients were helped with advice and getting to see the right specialist.

Croatia

ED Croatia underwent a year of development in 2006: more members, more regional societies of Breast Cancer Patients and more volunteers throughout the country. Daffodil Day was organised in Zagreb and 37 other cities throughout Croatia on the first Saturday in April, promoting ED goals, especially awareness about breast cancer, prevention, early diagnosis and treatment. Pink Ribbon Day was held on the first Saturday in October. Women with breast cancer and their friends, about 1,000 of them from all over Croatia, came to Zagreb to mark the event. During the Breast Awareness Walk, in which the Minister of Health, many politicians, and people from the media and public life, participated, the National Screening Programme was launched for all women aged 50 to 69. It started in September and its goal is to reduce the death rate by 25% over the five-year period following its introduction. ED Croatia has been involved in promoting this programme. During 2006, many lectures were held and many educational materials were distributed about breast awareness and the importance of early cancer detection. Permanent good collaborations were established with the Croatian Medical Association; Croatian Senologic Society; Croatian League against Cancer; Croatian Psychosocial Oncology Association; Croatian Association for Hospice/Palliative Care; and the University Hospital for Tumors. The Forum is constantly in touch with local and national politicians and health services, lobbying for multidisciplinary breast units based on European guidelines.

Cyprus

Following the successful October awareness events, illumination of Parliament House, followed by the Pink Silhouettes march to Nicosia Municipality and the planting of 350 pink silhouettes, ED Cyprus has had a busy six months. Two lectures by Dr. Zanini were held on breast reconstruction: one for plastic surgeons and one for the public. An office move meant more office space, and improved facilities for visitors. The house has become a focal point for women to drop in to receive information and ask for advice, particularly regarding diagnosis. The Minister of Health attended the opening, as did the wife of the President. A new campaign with full-page advertising in the press was launched to advocate for breast clinics and applying the Resolution. Surgical guidelines have now been discussed twice at the Health Committee of the Parliament. In March, awareness material was issued to thousands of women through media campaigns on Women’s Day. Dr. Theodoulou, a breast cancer oncologist from Memorial Sloane Kettering, visited and gave a lecture attended by over 250 women. April sees the launch of a new programme called “Bosom friends”, which aims to cover the costs of silicon prostheses. ED Cyprus will be lobbying for this to be covered by law next year. Advocacy needs are being assessed through a university survey to establish what women know, which services are provided, and how surgery and oncology services compare with the European Resolution.

Estonia

ED Estonia has continued its work in very close co-operation with the Estonian Cancer Society. In May, a yearly Breast Awareness Week was held, during which two big daily newspapers and a weekly newspaper, “Health”, issued a special edition. A special TV clip encouraging women to attend mammography screening programmes was produced and shown frequently during the week, and interviews with doctors were broadcast on radio channels. In September, a fundraising Breast Awareness Run took place. Lectures were held in patients’ organisations throughout the country during the whole year, promoting healthy lifestyles and covering breast cancer issues, from prevention and early detection to treatment and follow-up. A new mobile mammography unit was purchased with the funds raised by TV “Christmas Tunnel” at the end of 2005. It is used for screening women in distant districts of the country within the five-year mammography breast cancer screening programme. A genetic counselling clinic was opened in Tallinn on a private basis.

In October 2007 ED Denmark organised a symposium on the subject of future breast cancer treatment. The meeting took place in the building of the Danish parliament, Christiansborg, in Copenhagen. This place was chosen in order to attract the attention of the politicians and the press. There were more than 120 attendees. The programme had two foci – future tailored treatment of breast cancer, and the political and economic possibilities to improve treatment. The subject of treatment was described by leading cancer specialists and researchers and the subject of the political and economic possibilities were discussed by the parliamentary head of the committee on health, Birthe Skaarrup, and the political chairman, Bent Hansen, of the union of Danish regions, which are responsible for country hospital budgets. ED Denmark believes in bringing together doctors and politicians to help them learn more about subjects of interest to improve breast cancer treatment.

Denmark
Finland

The Breast Cancer Association in Finland had an active second year. The main goal of the association is to provide information and arrange self-help group meetings among patients and ensure equal treatments for all patients. The self-help group meetings were held twice a month in the centre of Helsinki. Patients with recurrence had their own meetings. The team leaders of the self-help group meetings were trained by medical professionals. The Finnish Breast Cancer Association held many activities for its members. The year started with a fitness weekend in the countryside. A group attended the massive running event for women in May. In August, women spent a weekend together on the island near Helsinki and enjoyed the 100-year-old sauna. The association started its own water aerobic course for breast cancer patients in September. Two members of the board attended advocacy training in Milan, and Finland was also at the Nordic Breast Cancer Meeting in Reykjavik for the first time. The year ended by launching ED in Finland. A press conference was held and Ingrid Kössler met the first deputy speaker of the parliament, Sirkka-Liisa Anttila MP, Maija Perho MEP, Anneli Jäätteenmäki and other important people. Ingrid Kössler was also interviewed by the leading women’s magazine and other media. The association is creating relationships with the medical professionals and other important groups and has shown the need for a group for breast cancer patients in Finland.

France

Year after year, the French Forum is trying to fulfil ED’s main goals: teaching, advocating, informing and lobbying. The national screening programme was implemented several years ago, and it has been part of ED France’s mission to convince women aged 50 to 74 to participate. Even if the majority of the population is aware of the advantages of the programme, it is also necessary to go to the underprivileged parts of the population who are less aware of health issues because of cultural differences. Therefore ED France has translated a small brochure into Arabic and Turkish in order to reach out to these women whose command of French is not good enough to enable them to be convinced about the advantages of a screening programme. A country-wide information campaign was undertaken, through conferences held in all of the regional delegations. Each delegation has about two conferences a year with a dual aim: informing the local population and professionals, and raising the awareness of local politicians on breast cancer issues in order to get them involved in the fight against breast cancer. The same goes for ED France’s yearly meeting that takes place at the Senate in Paris. The French Cancer plan has celebrated its fourth anniversary. Mr. Jacques Chirac, former President, launched it and it is hoped that it will be continued by our newly elected President, Mr. Nicolas Sarkozy.

Georgia

ED Georgia discussed the breast cancer advocacy training in Milan (November 2006), focusing on the latest developments in research and treatment, as well as advocacy techniques to influence public health policy. Members were already familiar with current developments in research and treatment, having attended the 29th San Antonio (USA) Breast Cancer Conference. ED Georgia considered jointly with breast care professionals the European Resolutions of June 2003 and October 2006 and decided to lobby for the implementation of the European guidelines at a national level by asking the Georgian Parliament to create a breast cancer support group. The two groups stressed the importance of a national breast cancer screening programme and hereditary breast cancer and genetic testing, and discussed ways to achieve this. An ED Georgia newsletter included an article about the country’s duty to provide the latest techniques for breast cancer prevention, diagnosis and treatment. A meeting was organised with the Georgian Breast Cancer Study Group to consider the ICH E6 Guideline for Good Clinical Practice and World Medical Association Declaration of Helsinki – Ethical Principles for Medical Research Involving Human Subjects. Members attended the 10th International Conference in St Gallen, Switzerland. Future plans include creation of a website; a breast cancer advocacy workshop; meetings with politicians and journalists; promoting the need for regional breast cancer screening centres, and a national screening programme with hereditary breast cancer and genetic testing; and protecting the rights of women in their treatment options, including enrolment in clinical trials.

Germany

The implementation of nationwide coverage of mammography screening continues to progress, albeit slowly. However, ED Germany is keeping up the pressure on the political institutions responsible to ensure the final establishment of the necessary local infrastructure. Although the political decision on screening was taken in 2003, at the present time there are only approximately 50 out of 90 planned screening units in operation. Public acceptance of mammography screening as the only effective method of early detection suffered a severe backlash due to the study by Götzsche and Nielsen on overtreatment. The German media picked up the study’s assumption very eagerly that screening will produce too many false-positive diagnoses – a case of “bad news is good news”! Opponents of screening have taken advantage of the currently prevailing anti-screening attitude, even trying to label national legislation, the so-called “Gesundheitsreform”, as misogynous. According to this law, women would be sanctioned for not participating in organised breast screening after 1 April 2008. Thus, if they are affected by breast cancer in later life, their maximum co-payment for treatment would be 2% instead of the usual 1% in Germany of their gross incomes. However, this regula-
tion is limited to women born after 1 April 1987, who will belong to the respective age-group after 2037. ED Germany is working for an objective public debate, as well as asking for improvements in the information for women with breast implants, who are better not to participate in screening but rather to undergo specialised examinations.

**Greece**

ED Greece continues its advocacy work and following the election of its nine-member committee board, it distributed leaflets and the ED Passport to Breast Health, and had “ED Hellas” pins made. Monthly training and educational activities were held, including lectures to students, doctors and other health professionals. ED Greece participated in the Hellenic Breast Surgeons’ Society conference, “Hereditary Breast Cancer”, and in the Hellenic Society of Medical Oncology conference, at which it took the opportunity to promote the importance of implementing the new European Parliamentary Resolutions and guidelines in Greece. In co-operation with a number of other cancer-related societies and under the auspices of the Ministry of Health, the “Breast Friends” campaign came to Athens in September. Throughout the campaign, ED Greece got the opportunity to promote its goals. Stands with ED leaflets and campaign materials were set up all over Athens, Thessaloniki and Patras. ED leaflets and passports were distributed by politicians, journalists and celebrities. A conference was held to mark the end of the campaign, at which ED Greece presented the new Resolution, emphasising the need to implement it in Greece. In co-operation with the Society of Volunteers against Cancer, under the auspices of the Ministry of Health, a torchlight procession was held around the illuminated Acropolis and a big concert with three famous Greek singers was held at the foot of the illuminated Parthenon. Despite the rain, 1,000 people and politicians sang and sent out the campaign messages under the light of the Acropolis.

**Hungary**

The Hungarian Campaign of the “Alliance against Breast Cancer” became an independent association in 2006 and programmes were held in six main cities nationwide, with public demonstrations for all public and patients, together with NGOs, economic and government organisations. The most spectacular programme was “Health Day against Breast Cancer” in Budapest, which featured walking across the Chain Bridge, a natural food exhibition, a book fair, screening programmes and concerts. Members mobilised the public on mammography screening, and breast cancer survivors recounted their views and experiences through the press. One member was invited by the Training College for Health Workers to provide a lecture on breast self-examination for health visitor students. Three videos on breast screening and treatment were distributed through member organisations and the films were shown at lectures and on local TV channels. Support was provided for the rehabilitation of breast cancer patients at local patient organisations and booklets were distributed. Several patient–doctor monthly meetings were held in Budapest. Lobbying of the Health Committee, the Ministry of Health and at the National Health Insurance Company continued. ED Hungary’s national representative attended a meeting on All-Party Parliamentary Groups on Breast Cancer, held at the Belgian Senate in October. Along with the other visiting MPs, ED Hungary presented the “Breast Cancer Screening Programme in Hungary – Results and Experiences”. ED Hungary participated at EBCC-5 in Nice and took part in the ED survey on hereditary breast cancer and genetic testing.

**Iceland**

2006 saw the publication by the Women’s Health Council and National Cancer Registry of Iceland of the first study on the incidence of cancer among women in Iceland for the period 1994–2001, which revealed substantial geographical and social inequities in the availability and provision of screening and treatment in Iceland. In May, ED Iceland hosted its first National Conference in Dublin, attracting over 170 participants who welcomed the opportunity to hear professional and advocate perspectives on the theme “Working Together for Best Breast Cancer Services Nationwide”, and to discuss a draft charter. ED Ireland’s Irish Breast Cancer Charter was subsequently launched in October, widely endorsed by organisations and professionals. The Charter,
which has 23 principles, is designed to ensure that Irish specialist breast cancer centres follow international best practice in delivering services and, most importantly, aims to give women standards by which to measure services. The 2nd National Cancer Forum’s report, “A Strategy for Cancer Control in Ireland”, was published, followed by guidelines drawn up by the National Quality Assurance Group for Symptomatic Breast Disease Services; these are seen as an excellent model for other cancers. ED Ireland is pressing for the implementation of The Strategy and Guidelines. Fashion Targets Breast Cancer this year was launched by Helena Christensen and to date T-shirt sales have exceeded 400,000. Proceeds support projects for younger women with breast cancer. With its share, ED Ireland is developing its website and supporting younger women advocates.

Israel
Celebrating October’s Breast Cancer Awareness Month, activities organised by ED Israel, the Israel Cancer Association (ICA) and the Israeli Breast Cancer Coalition (IBCC) included an extensive media campaign; illumination of the Azrieli Towers in Tel Aviv; a radio hotline with oncology experts; breast cancer seminars for women under 40 coping with breast cancer, for breast cancer survivors, for women and their partners, and for women at high risk. Artist, breast cancer survivor and ICA volunteer, Dana Zamler, also held an exhibition, “Dana rises”. A “Yad Lebachlama” and ICA PR campaign increased awareness of breast cancer survivors’ support activities for those recently diagnosed; and new centres were inaugurated. Other events in 2006 included the publication with the ICA of “Along the Path”, which looks at personal and social perspectives of breast cancer; a new comprehensive booklet “Young Women and Breast Cancer”; and new support groups for breast cancer patients throughout Israel. The mobile mammography unit continues to improve screening accessibility and compliance rates, while the joint ICA/Ministry of Health national mammography screening programme, initiated by the ICA, continues to improve early detection rates. The ICA continues to update and co-ordinate the activity of nurses and social workers acting as breast cancer care co-ordinators throughout the country. The ICA continues to provide research grants and to lobby for updated treatment modalities.

Italy
In 2006 ED Italy promoted initiatives in three main areas: a lobby campaign through EUROPA DONNA Parliamento and government institutions; protection of women undergoing surgery during their working life; and improvement of early breast cancer diagnosis programmes through scientific society and media campaigns. A new ED parliamentary group was established, with bipartisan political women engaged in the promotion of topics and petitions at legislative/political levels. Relationships with the Ministry of Health were established, aimed at increasing the further development of screening programmes, especially in the south of the country, and at establishing centres for diagnosis and treatments in deficient areas. The need for a greater commitment to diminish the inequalities in terms of access to diagnosis and treatments represents one of the main elements of the actions conceived and planned in 2006/2007. Co-operation with the main national scientific society helped establish training initiatives for medical and nursing staff, for women and organisations involved in the struggle with breast cancer and for promoting accreditation procedures in favour of breast cancer centres. As for reintegration into work for those who have undergone surgery, a questionnaire-based survey was held in key hospitals and the results have led to possible further initiatives for 2007. An advertising campaign featuring a well-known Italian actor was held to arouse public interest in preventive measures and early diagnosis. Further topics for ED Italy’s working parties in 2006–2007 are immigrant women, young women, and heredity and genetic tests in collaboration with ED activities at a European level.

Kazakhstan
A roundtable discussion, “Say no to breast cancer”, was held on adopting a national programme for breast cancer and cervical cancer awareness. Speakers included key doctors and politicians, as well as the president of the “Healthy Asia” Fund. Participants included directors of regional outpatient clinics; international organisations; local social fund “Seimar”; trade unions; and NGOs. A telephone hotline was set up, as well as a website, www.fza.kz, with information about breast cancer through online consultations. A quality of life survey of survivors and patients was carried out. Patients were offered advice by psychologists. Training was given to breast experts in Almaty. City bus 63 bore the breast cancer logo, with details of the telephone hotline and website, as well as providing leaflets. A communication campaign promoted breast cancer awareness. A social rehabilitation programme was developed for survivors. A population survey was held to assess early diagnosis and treatment. Breast cancer and cervical cancer screenings were offered to female staff in national and private organisations in Almaty. A press conference was held for the “Pink Stall” project: free mammography and consultations at several outpatient clinics. Later in the year, a charitable concert is planned, with popular Kazakh modern and classic singers. Box-office receipts will go toward rehabilitation for breast cancer patients/survivors. Also, International Day of Breast Cancer Awareness will be celebrated, and a Middle-Asian scientific conference will be held, to be attended by leading experts from Uzbekistan, Kyrgyzstan, Tajikistan, Georgia, Armenia and Azerbaijan.
**Latvia**

ED Latvia held Breast Cancer Awareness Month events in October with a public information campaign with around 50 articles appearing in the national and regional media; creation and distribution of 30,000 educational brochures on breast cancer; and distribution of the first issue of the patient newspaper, “Pacienta Balss” (The patient’s voice), in Latvian and Russian. A conference, “New challenges for breast cancer treatment. Latvian and European experience”, was organised for professionals, and ED Latvia collected donations and provided a fashion display in joint partnership with Latvian fashion designers. The Pink Ribbon movement was introduced, the patron of which is the President of Latvia, Vaira Vike Freiberga. Two members participated in ED advocacy training Milan and regular meetings were held for ED Latvia Forum members. Other activities and projects include informing women about the possibility of getting involved in the activities to protect breast cancer patients’ rights; continuing co-operation with other organisations and individuals in Latvia connected with women’s breast cancer issues; ongoing lobbying of the Ministry of Health and parliament to improve the situation in breast cancer treatment; ongoing publications to increase awareness of breast cancer; preparing Breast Cancer Awareness Month with co-operation from the Latvian Association of Painters; and finally, preparing numerous informative brochures and other materials about breast cancer prevention, treatment and rehabilitation.

**Lithuania**

ED Lithuania lobbied the state to address deficits in breast cancer care, as well as raising the breast cancer advocacy level and breast cancer awareness. It worked jointly with the Ministry of Health. During Breast Cancer Awareness month, a widespread PR campaign about Herceptin was held, starting in Parliament with MPs first to sign the petition demanding modern breast cancer treatment. Approximately 50,000 signatures were collected in 2 months and there was great media interest. The petitions were presented to the Health Minister and also sent to the President and the Prime Minister. Subsequently, the amount of money available for Herceptin was tripled. A breast cancer awareness project “Family Against Breast Cancer” was implemented jointly with Avon, Vilnius University Oncological Institute and the TV channel LNK, whose popular stars helped spread the word about breast cancer awareness and treatment, as well as participating in the launch of a volunteer support programme for newly diagnosed women. More information is available at the ED Lithuania website www.roziniskaspinas.lt. Money was also raised for modern screening equipment. The “Breast Friends” campaign visited Lithuania in January 2007. The travelling photo exhibition went to Vilnius, Kaunas and Klaipeda and over 300 guests attended the opening of the exhibitions. A great deal of media coverage was achieved. Future plans include strengthening the support system for newly diagnosed women by increasing the number of volunteers; organising an art camp for breast cancer survivors and newly diagnosed women; and an extensive breast cancer awareness campaign in the autumn.

**Luxembourg**

In 2006, ED Luxembourg completed the study, “Parcours de femmes”, in which 169 women who had had breast or gynaecological cancers participated. They were asked about how they coped with the diagnosis, treatment and afterwards. The results will be published in 2007. Scientific books about breast cancer and demonstration breast models for detecting small lumps of different sizes were donated to nursing schools. ED Luxembourg vice-president gave a talk about external breast prosthesis in a hospital with women, doctors and nurses in attendance. Sponsored by specialised firms, a fashion show of lingerie and swimsuits worn by breast cancer patients, was held to close the conference. In October, many activities were held. The “Race against Breast Cancer” remains the largest and most successful event with more than 750 participants. This was a day of solidarity and a get-together for men and women, families and friends. A roundtable discussion between survivors, politicians and breast cancer specialists closed the day. Two conferences were held, “Psychological support for breast cancer patients”, with a well-known family doctor, and another with the husband of a well-known German writer who read extracts from his wife’s book, “I Need You to Survive”. He spoke about his experience helping the children and his wife to cope with the disease. A French movie, “Haut les Coeurs”, the testimony of a young pregnant woman receiving a diagnosis of breast cancer, was also shown in a small cinema. Three newsletters were published and sent out to members and health professionals during the year.

**Malta**

ED Malta had another busy year in 2006, holding monthly meetings in Malta and Gozo, where various speakers were arranged to deliver speeches on various topics, thus making the meetings much more interesting. The month of October was a very hectic one as ED Malta gave talks and demonstrations at various places, including banks, factories, the Police Academy, different ladies’ circles and clubs. During these visits, ED Malta members were surprised by the interest and attendance, which proves that our awareness campaign is leaving its mark. The highlight of the month was the lecture held at the Phoenicia Hotel, at which the main speakers were Ms. Karin Jöns MEP and Ms. Isabell Saliba MCRG. The lecture was very well attended and a reception was held afterwards. For this lecture, the Malta College of Doctors awarded points to each doctor attending; this was the first time this had happened in Malta. During the visit to Malta, Ms. Jöns and mem-
bers of the committee paid a courtesy visit to the Minister of Health. Meetings are being held regularly and ED Malta is preparing for the month of October. Ms. Ingrid Kessler, ED President, has kindly accepted ED Malta’s invitation to be the main speaker for the annual lecture.

Monaco

Ecoute Cancer Rêconfort, the Monaco charter of ED, has had a very busy year. One of its main activities is volunteer visits to cancer patients at the Centre Hospitalier Princesse Grace. Approximately 30 volunteers, cancer survivors and others, visit patients to lend support and aid. The association also helps cancer patients in administrative procedures so that they may obtain various social benefits. Each month, the association holds a support get-together for cancer patients, survivors, family members, volunteers and hospital staff. These meetings are a pleasant way to provide support and activities to members. In December, the annual Christmas dinner took place. In addition to members, doctors and nurses from the Cancer Clinic enjoyed an excellent meal, a convivial atmosphere and a pleasant evening of dancing.

The Netherlands

ED Netherlands, part of the Dutch Breast Cancer Society (Borstkanker Vereniging Nederland), was highly active in all fields of advocacy at all levels. Two members contributed to the annual update of treatment guidelines and two participated in the review of screening and diagnosis guidelines, both of which will merge into one document in 2008, with an ED Netherlands representative on the working group responsible. Contributions were made to the discussion on recommendations for digital screening, a joint initiative of the National Institute for Environment and Health and the Board of Health Insurers. ED Netherlands started to develop best practice benchmarking to benefit both patients and specialists. A protocol on patients’ work-related problems was written jointly with the National Cancer Patient Federation (NCPF), and a working group was also established for medication policy, hereditary tumours and fatigue in relation to employee insurance. Francis Bach Kolling contributed to development of the screening and treatment of hereditary breast cancer questionnaire in the member states. ED Netherlands organised the third four-day Study, Training, Education and Participation (STOP) programme for advocates. The national delegate attended a workshop at the European Parliament and a meeting with the Belgian all-party group, which has inspired ED Netherlands to establish a project for a similar group with Dutch MPs. Two members participated in the advocacy training in Milan in November. ED Netherlands is honoured to host the 8th Pan-European Conference, to be held in Amsterdam.

Poland

In 2006, ED Poland continued to work toward its goals and assignments. Since 2005, ED Poland has been a social benefit organisation, meaning it receives 1% of income tax from donors. To do so, detailed accounts must be submitted to the Home Office, Inland Revenue and the Home Registry Court, which involves a lot of hard work for a non-profit organisation. In Lublin, ED Poland participated in an international oncology workshop “Breast Cancer – Prevention and Therapy of Respective Phases”, with a stand to promote the aims and activities of ED. President Dorota Czudowska presented ideas and regulations covering the formation of breast units in the European Union. In June, in Nowy Sącz the annual meeting of the chairs of ED Poland’s member associations was held and discussions took place about breast cancer in young women. Also in June in Legnica, a public oncology picnic was held, offering free mammography check-ups, and teaching breast self-examination. ED Poland members prepared traditional Polish picnic dishes. Two delegates attended advocacy training in Milan, while President Dorota Czudowska participated in the ceremonial opening of Breast Units in Vasteras, Sweden. ED Poland published a Polish edition of the “Passport to Breast Health”, creating great interest among women, patients, journalists, doctors and politicians. Doctors and politicians were informed that Polish patients are being taught to ask difficult questions. The IX delegates’ convention took place and management for the third term (2007–2011) was elected. Dorota Czudowska was again elected unanimously as President of ED Poland.

Portugal

2006 was a very eventful year for ED Portugal, which has been traveling across the whole country with events to promote the 10 ED goals, as well as the need and importance of early detection. At these events, apart from awareness promotion, personal stories have also been collected from survivors. They plan to publish these stories at the end of the year in an attempt to put a face to each annual Portuguese breast cancer case. ED Portugal feels that this is a great way to forget statistics and get the prevention message across in a real and positive fashion. On the lobbying side, strong contacts with the Parliamentarians and the Portuguese Health Committee Group have been maintained. In August 2006, a law preventing insurance companies from discriminating against disabled people (including breast cancer survivors) was approved much to the Forum’s satisfaction. They have also been a step ahead for 2007. Apart from the continuation of the promotional events and lobbying, they are also planning a seminar on “Breast Cancer in Young Patients”, as well as the illumination of the National Assembly on 30 October.

Romania

In 2006 ED Romania, with the constant support of the “Renasterea” Foundation, particularly focused on raising public awareness about the importance of early detection of breast
cancer. In March 2006, a media campaign was organised in the print press, TV and radio stations, as well as through outdoor advertising in eight of Romania’s main cities. ED Romania’s national representative, Mihaela Geona, participated in highly rated TV and radio debates, talking about the benefits of early detection and the need to implement national mammography screening programmes according to the European guidelines. An important fundraising event was the “Art for Life” Gala, held on 8 June at the Residence of the American Ambassador, when partners and friends gathered to prove their support for the cause. The amounts raised on this occasion were used to continue the social programme at the Diagnostic Centre, where free exams, ultrasounds and mammograms are offered to low-income patients. The main awareness event, the “Illumination” held on 1st October in Bucharest and in four other main cities in Romania, marked the beginning of Breast Cancer Awareness Month. The campaign was rolled out in press articles and advertisements published regularly in national and local newspapers and women’s magazines. The free-access telephone line for information about breast cancer has also been widely promoted.

**Slovenia**

The number of ED Slovenia members has increased from year to year and membership now stands at about 1,700 members. In 2006 four issues of Novice Europa Donna (News EUROPA DONNA) were published and enclosed with the magazine Nasãa ãena (Our Woman) which has a circulation of 22,000. Members receive the issues free of charge. Lectures were held all over Slovenia. Two SOS telephones were available daily. The third already traditional run and walking “For Hope” was organised and an active role was played by ED Slovenia at the CEE Cancer Patient Summit held in November in Ljubljana. Also in November, a seminar, “Living with Cancer” was held for patients, family members and others who wanted to know more about cancer and healthy lifestyles. The seminar was financially supported by the Susan G. Komen for the Cure foundation. Increasingly close co-operation between ED Slovenia and the Cancer Patients’ Association of Slovenia and the Association of Slovenian Cancer Societies has been taking place and consequently numerous joint activities were held during the “Week of Battle Against Cancer” in March, as well as in Pink October (Róznati oktobr). Ever closer connections have been forged with the Ministry of Health to include participation in preparation of the programme for breast cancer treatment, as well as in the commission for preparation of the State Plan for Cancer Treatment, which is regarded as a priority of the Ministry of Health during this Slovenian presidential period.

**Spain**

ED Spain has conducted a national survey in order to determine in which areas women with breast cancer experience more discrimination, as well as to determine how this discrimination is manifested. The survey included all women of working age and the preliminary results show that women who work in the civil service have fewer problems when coping with the disease. Another issue that ED Spain is looking at is lymphoedema, through a study taking place in Barcelona, which will identify the incidence, prevention and treatment necessary. The study is headed by a physiotherapist, a sociologist and three students. Once the results are available they will be used to emphasise which areas are the worst and to expand the study to the whole country to improve the quality of life for these women. Last, but not the least, another project which has requested funding from the National Health Service looks at what lies beyond breast cancer. ED Spain’s 29 women’s associations are compiling a report about women with breast cancer and their relationships, working environment, sexuality, reproductive health, and what breast cancer implies in the daily life of a woman. The results of the study should be available next October.

**Sweden**

In 2006, a new local organisation was founded, so the Swedish Breast Cancer Association (BRO) now has 33 local organisations with a total of over 10,000 members. The Swedish Forum has gained increased recognition and attention, focusing on mammography screening by carrying out a survey about the age groups invited in each county. Only 10 out of 27 screening centres invite women aged 40–74, which is the recommendation of the Swedish Board of National Health and Welfare. BRO will now intensify lobbying for extended mammography for women aged 40–74. BRO’s award for excellent achievements in treatment, care or awareness was presented to the breast cancer surgeon, A.C. Källström, and to the Mammography Unit in Falun, headed by Prof. Tábár. Information about breast cancer and advocates’ priorities has attracted a lot of media attention, with related issues mentioned in newspapers and TV and radio interviews. The Pink Ribbon Campaign was successful and BRO established co-operation with several new partners and was successful in raising 3.8 million SEK (€375,000). BRO has collaborated with several partners and has a representative on the National Guidelines for Breast Cancer within the National Board of Health and Welfare and on the National Breast Cancer Care Programme of the Swedish Breast Cancer Group. BRO’s president, Ingrid Kössler, is also President of EUROPA DONNA. BRO wishes to express its gratitude and thanks for the co-operation and support in 2006.

**Switzerland**

In its third year of existence, ED Switzerland can once again look back on many dynamic and exciting activities. On 9 May, the Forum was able to establish its latest regional group – the “Swizzera italiana” Regional Group. By the end of 2006, this regional group had already attracted 50 members. Lobbying in support of a nationwide mammography screening programme was again at the forefront.
of all the activities of ED Switzerland in 2006. At both cantonal and national level, they endeavoured to convince politicians of the benefits of an organised early detection programme. The main aim of the activities during October was to call public attention to the unfair situation affecting mammography screening in Switzerland. In February 2006, the motion on “Breast cancer early detection programme for women in St Gallen Canton” was adopted by an overwhemling majority of the Cantonal Council. The Regional Group for Eastern Switzerland initiated this project and is now participating in its implementation. At the National Breast Cancer Conference in Zurich, ED Switzerland organised a workshop on the subject of “Young women and breast cancer: how do women under the age of 40 experience breast cancer?” The decision was taken in the Italian-speaking part of Switzerland to launch a major information campaign on the subject of mammography screening. On behalf of the Zurich Regional Group, a survey was arranged of 500 women to determine their attitudes toward mammography. The results of the survey are being scientifically evaluated at present for subsequent publication.

Turkey

ED Turkey participated at the following academic meetings: the National Breast Diseases Conference and the 5th ESMO Congress, both held in September 2006 in Istanbul; ED Advocacy Training in November 2006 in Milan; the International Oncology Conference held in January 2007 in Antalya (Turkey); the Patients Summit in February 2007 in Stresa (Italy); and a conference on problems faced by patients following breast cancer diagnosis, held in March 2007 in Izmir (Turkey). A number of fundraising activities were held including printing, distributing and sales of the Forum’s traditional calendar for 2007; participation in the Annual IWI Xmas Bazaar; participation, ticket selling and stand establishment in a concert celebrating Women’s Day in March 2007 in Istanbul. Several routine patient seminars were held at the Richmond Hotel Conference Hall for breast cancer survivors. This year’s seminar programme was as follows: reconstructive surgery; follow-up method after acute treatment of breast cancer; pain management; breast cancer and womanhood; and phytotherapy. Ongoing projects include the application of a health status profile questionnaire to economically deprived women from ghetto areas chosen randomly from the free-screening group at the Foundation; 800 questionnaires have now been completed. The Forum now has a separate administrative room at the Foundation Center and has employed a co-ordinator, Ms. Selda Beser, who is also a breast cancer survivor.

United Kingdom

Again, ED UK’s annual lecture in the series, “A European Overview of Breast Cancer”, proved of great interest. This prestigious event continues to attract a very distinguished audience which this year included National Cancer Director, Prof. Mike Richards. It was hosted by Dr. Ian Gibson MP, Chair of the All Party Parliamentary Group on Cancer, at the House of Commons’ Portcullis House. “Promoting Early Presentation with Breast Cancer” was addressed by Prof. Amanda Ramirez, Director, Cancer Research UK London Psychosocial Group. Since 1997, Prof. Ramirez has led research programmes examining psychological and social aspects of cancer, focussing on promoting early presentation with symptoms and improving working lives of health professionals, subjects which stimulated lively audience participation. Dr. Gibson also chaired the “Britain Against Cancer” conference in November which Cathy Ratcliffe and Eileen Jaffé attended. At that conference, Secretary of State for Health, Patricia Hewitt, announced the planned development of the Cancer Reform Strategy outlining the future of cancer services for the next 5–10 years, recognising medical, technological and cultural changes since publication of the original Cancer Plan in 2000. The Forum was represented at various breast cancer events and conferences throughout the year. Eileen Jaffé sat on the judging panel for the Breakthrough Patsy Calton Award given to the parliamentarian for his/her achievements in breast cancer issues. After 5 years as Chair of the UK Forum, Eileen Jaffé will stand down at this year’s AGM but intends to retain active interest at national and European levels.

Ukraine

In 2006 the President of Ukraine stated that the fight against cancer was a priority and the future national “Oncology 2007-2014” programme is presently at the development stage. ED Ukraine began to develop psychosocial support programme at cancer clinics in 2000. This has led to the creation of a network and then coalition of 22 regional NGOs, “Advocacy against Cancer”, which promote training in dealing with the health care system; initiate women’s rights advocacy; launch medical prophylactics programmes; and which provide modern diagnostics, treatment, rehabilitation and social support for breast cancer patients. These NGOs are also working successfully in the field of advocacy, implementation of European guidelines, information and education about early diagnosis, and psychological and social support of breast cancer patients. Numerous nationwide awareness and fundraising campaigns have been held and six regional cancer clinics now offer psychosocial support programmes. The educational film, “Way to Recovery”, aimed at breast cancer patients, was created as a result of the support of SDC and it has become one of the most important components of the programme. Thanks to the initiatives of the Advocacy against Cancer network, the issue of breast cancer rehabilitation was included in the agenda of the newly elected Parliament at a Parliamentary Seminar. As a result of its advocacy campaign launched in Kiev city, 224 breast cancer patients of reproductive age got a free two-week rehabilitation course in Crimea. The programme in Crimea was very effective and this experience needs to be more widely available in Ukraine.
The revised Breast Health Passport has just been printed and includes a new section for young women and updated material on lifestyle considerations. Copies are available at Head Office.

EUROPA DONNA will be publishing a Guide to the European Guidelines for quality assurance in breast cancer screening and diagnosis. The guide will summarise the key points contained in the guidelines, making them easier to understand and in a format that will be helpful to advocates in lobbying for their implementation nationally. Like the guidelines, the booklet will include sections on important areas such as epidemiology, mammography screening, training, quality assurance, the requirements of a specialist breast unit, etc. It is designed to be a fundamental tool for all advocates and will be published in October 2007.

8th EUROPA DONNA Pan-European Conference
European Breast Cancer Advocacy: Ensuring Progress on Best Practice
27 and 28 October 2007 – Amsterdam, The Netherlands

European Breast Cancer Advocacy Training Course
9–11 November 2007 – 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
➔ Lobbying – definitions and methods
➔ Media training

For more information contact your national representative or info@europadonna.org

6th European Breast Cancer Conference (EBCC-6)
15–19 April 2008 – Berlin, Germany

For more information see www.fecs.be

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.
This year’s conference will focus on the “European Guidelines for quality assurance in breast cancer screening and diagnosis” and how we can work together to get them implemented across Europe. The editor of the Guidelines will give us an overview of this new publication and share his views with us; later, a panel will explore various advocacy strategies that can be used to move this initiative forward nationally, toward our goal of ensuring best practice.

Other agenda highlights:

➔ Update and innovations in breast cancer surgery and radiotherapy
➔ New advances: clinical trials and targeted therapies
➔ Health economic issues and access to new treatments
➔ Younger and older women: do their needs differ?
➔ Specialist breast unit implementation: a case study
➔ Lifestyle factors and breast cancer: nutrition, exercise, and CAM
➔ Panel on guideline implementation: all-party parliamentary groups and other national lobbying activities
➔ Workshops on: employment issues and breast cancer; advocacy tools for implementing the guidelines; age discrimination in screening and trials.

Download the registration form now at www.europadonna.org

Or contact EUROPA DONNA head office for details conference@europadonna.org
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