Europe against cancer

TARGET: 15% FEWER VICTIMS BY THE YEAR 2000

1990-94 SECOND ACTION PLAN

September 1990
11-12/90
Europe is taking up arms against cancer. It is a just war. If the increase observed in recent years were to continue, by the year 2000 one European in three would be stricken by cancer during their lifetime. We no longer have to accept, however, that cancer is a fatal disease. It is now established that the incidence of this scourge could be reduced by the combined effects of prevention and treatment.  

Cancer can be avoided and cured

Today about 50% of persons with cancer have a good chance of survival. In addition, due to preventive action, significant reductions have been noted in the occurrence of certain types of cancer. This is particularly striking in the case of stomach cancer, where the decrease may be due to improved eating habits. In certain countries, such as the United States and the United Kingdom, the incidence of lung cancer in young and middle-aged men is now going down, thanks to the beneficial effects of the anti-smoking campaigns which started earlier in those countries than in others.

The risk of dying from cancer in Europe has been mapped out for the European Commission by the International Agency for Research on Cancer. There are significant variations in the occurrence of the principal types of cancer in Europe: such considerable differences between countries, even between one region and another, often indicate that differences in lifestyles, working conditions and environment play a role.

The nature of the factors responsible for differences in cancer risks is not always well understood, but it is now universally accepted that three-quarters of cancers are due to such factors. These factors, when fully understood, can be modified. Today, although all cancers cannot be prevented, a certain reduction is within reach.

Europe, too, provides hope

At their meeting in Milan in June 1985, the Heads of State or Government of the European Community agreed in principle on a European programme against cancer, so that the Community might take more account of the concerns of its citizens in regard to health.

Since January 1986, a committee of high-level cancer experts has been advising the European Commission on the formulation of the Europe against cancer programme. This programme has two cornerstones: the knowledge that a substantial number of cancers can be avoided and the fact that early detection of some types can lead to a better chance of cure.

---

1 This file replaces our No 5-6/88.
Cancer deaths in Europe (1986)

<table>
<thead>
<tr>
<th>Country</th>
<th>Total deaths</th>
<th>Cancer deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Lung (men)</td>
</tr>
<tr>
<td>Belgium</td>
<td>112 791</td>
<td>27 220</td>
</tr>
<tr>
<td>Denmark</td>
<td>57 777</td>
<td>14 946</td>
</tr>
<tr>
<td>FR of Germany</td>
<td>701 832</td>
<td>163 038</td>
</tr>
<tr>
<td>Greece</td>
<td>91 783</td>
<td>18 365</td>
</tr>
<tr>
<td>Spain 1</td>
<td>299 409</td>
<td>65 810</td>
</tr>
<tr>
<td>France</td>
<td>546 926</td>
<td>133 008</td>
</tr>
<tr>
<td>Ireland</td>
<td>33 704</td>
<td>6 886</td>
</tr>
<tr>
<td>Italy 2</td>
<td>547 436</td>
<td>133 770</td>
</tr>
<tr>
<td>Luxembourg</td>
<td>4 014</td>
<td>938</td>
</tr>
<tr>
<td>Netherlands</td>
<td>125 307</td>
<td>33 966</td>
</tr>
<tr>
<td>Portugal</td>
<td>95 828</td>
<td>16 241</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>660 735</td>
<td>156 858</td>
</tr>
<tr>
<td>European Community</td>
<td>3 277 542</td>
<td>771 046</td>
</tr>
</tbody>
</table>

Based on WHO figures.

1 1984.
2 1985.

Proportion of European cancer deaths attributable to various factors

These attempted estimates are largely based on the work of Higgison and Muir (1979) for Birmingham in the United Kingdom, of Doll and Peto (1981) for the United States and of Tubiana (1985) for France. They incorporate many uncertain factors and should, in any case, be adapted to differing national situations.

<table>
<thead>
<tr>
<th>Factors</th>
<th>Best estimate (in %)</th>
<th>Range of estimates (in %)</th>
<th>Estimated annual number of deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco</td>
<td>30</td>
<td>25-35</td>
<td>220 000</td>
</tr>
<tr>
<td>Alcohol</td>
<td>4 1</td>
<td>2-5</td>
<td>30 000</td>
</tr>
<tr>
<td>Diet</td>
<td>30 ?</td>
<td>10-50</td>
<td>220 000 ?</td>
</tr>
<tr>
<td>Occupation</td>
<td>4</td>
<td>2-8</td>
<td>30 000</td>
</tr>
<tr>
<td>Infection</td>
<td>3 ?</td>
<td>1-10</td>
<td>22 000 ?</td>
</tr>
<tr>
<td>Geophysics</td>
<td>3</td>
<td>2-4</td>
<td>22 000</td>
</tr>
</tbody>
</table>

1 Could be higher, certainly extremely variable by country (e.g. 10% in France).
2 Radioactivity and solar rays.
Trend in the number of new cases of cancer in Denmark 1943-80
(at constant age, per 100 000 population)

The trend in numbers of new cancer cases over the years can be studied by means of the data collected by cancer registers. The Danish register is the oldest and one of the best in Europe. It allows us to follow the evolution of cancer cases since 1942.

It is possible to discern a marked reduction in the number of stomach cancers (probably linked to improved dietary conditions), a clear slowing-down of the increase in lung cancer in men (linked to a reduction in smoking) and a very rapid increase in melanomas (doubtlessly linked to the increasingly widespread practice of brutal, intense and prolonged exposure to the sun).

Source: Ole Møller Jensen et al., ‘Cancer registration in Denmark’ in National Institute Monograph No 65, pp. 245-251.

The aim is to reduce mortality from cancer in Europe by 15 %, between now and the year 2000.

The programme covers four areas: cancer prevention, health information and education, training of health personnel and cancer research.

Where it all begins: cancer prevention

Tobacco and alcohol are without doubt at the origin of almost a third of all cancers in Europe; diet may play a role in the development of another third. Other factors such as occupational exposure to certain chemicals, exposure to ultraviolet rays, certain viral infections and radiation also carry a risk of cancer. European activities to prevent cancer are grouped under five major headings:

- The anti-smoking campaign. 85 % of lung cancer cases are linked with smoking. Furthermore, in smokers the risk of cancer is increased in all tissues
that directly or indirectly come into contact with tobacco smoke: lips, tongue
and mouth, throat, oesophagus, pancreas and urinary tract. By using the
powers available to it, the European Community will strengthen national
activities in the fight against smoking. For example, to eliminate barriers to
trade which hinder its economy, while taking full account of public health
concerns, the European Community has already succeeded, in the first action
plan of 1987-89, in getting the Member States to:

○ harmonize the labelling of cigarette packets before the end of 1991, by
  making obligatory health warnings of the kind already given in countries
  such as Ireland (‘Smoking causes cancer’);

○ prohibit cigarettes with a high tar content (15 mg maximum from 31
  December 1992 and 12 mg maximum from 31 December 1997, with a
  temporary derogation for Greece) as was already done in Spain and
  Portugal;

○ prohibit all tobacco advertising on television;

○ prohibit smoking in public places.

Under the second action plan for 1990-94, other proposals for Community
legislation should be adopted, aiming to:

○ regulate advertising of brand names of tobacco products, including
  ‘clandestine’ advertising;

○ align taxes on tobacco upwards, which will cause cigarette price rises — in
  some cases substantial ones — in southern European countries;

○ eliminate tax-free sales of tobacco products for travellers within the
  Community.

□ Improving eating habits. The conclusions about tobacco smoking are unambigous; so are the observations about the excessive drinking of alcohol. By contrast, there are still uncertainties about the influence of eating habits on the development of certain types of cancer.

However, the research available points to a few important observations: excessive weight and a diet low in fresh fruit and vegetables or in fibre increase the risk of certain cancers.

Accordingly, activities of the Europe against cancer programme include:

○ consumer protection through better nutritional labelling for foodstuffs, to
  be implemented before the end of 1992;

○ amalgamation of existing data on nutrition and cancer and more detailed
  European research on this theme;
EUROPEAN CODE AGAINST CANCER

Committee of Cancer Experts:

‘If the European Code were respected, there would be a significant reduction in the number of deaths from cancer in the Community; the decrease could be about 15 % by the year 2000’

CERTAIN CANCERS MAY BE AVOIDED:

1. Do not smoke
   Smokers, stop as quickly as possible and do not smoke in the presence of others

2. Moderate your consumption of alcoholic drinks,
   beers, wines or spirits

3. Avoid excessive exposure to the sun

4. Follow health and safety instructions at work
   concerning production, handling, or use of any substance which may cause cancer.
   Your general health will benefit from the following two commandments which may also reduce the risk of some cancers:

5. Frequently eat fresh fruits and vegetables and cereals with a high fibre content

6. Avoid becoming overweight
   and limit your intake of fatty foods

MORE CANCERS WILL BE CURED IF DETECTED EARLY

7. See a doctor if you notice an unexplained change: appearance of a lump, a change in a mole or abnormal bleeding

8. See a doctor if you have persistent problems,
   such as a persistent cough, a persistent hoarseness, a change in bowel habits or an unexplained weight loss
   For women:

9. Have a cervical smear regularly

10. Check your breasts regularly
    and, if possible, undergo mammography at regular intervals above the age of 50

Europe against cancer
formulating nutritional recommendations and supporting health information and education campaigns.

Protection against carcinogenic agents. Four major initiatives are under way:

- speeding up the establishment of an inventory of carcinogenic chemical substances;
- the adoption of new directives on the protection of workers in order to reduce the number of occupational cancers, as has already been done in the case of asbestos;
- protection against ionizing radiation with, for example, the adoption of maximal limit values for contamination of foodstuffs;
- the implementation of new measures to protect consumers against carcinogenic substances.

Systematic screening and early diagnosis. In certain organs or tissues, a cancer is often preceded by precancerous lesions. Thus, systematic screening for cervical cancer enables cancer development to be stopped by simple surgical removal of the cancerous lesions detected. The early detection of breast cancer by screening also increases the chance of cure. Cancer of the breast and the uterine cervix, which are the tumours occurring most frequently in women are therefore the subject of a specific action to promote exchanges of information on systematic screening and early diagnosis.

The European Code against cancer. The high-level cancer experts who advise the European Commission have drawn up a few simple rules by which people can help to significantly reduce their own risk of cancer. This European Code against cancer has been approved by Health Ministers of the 12 Member States and by all the cancer associations. As emphasized by the European Community Committee of Cancer Experts: ‘If the European Code were respected, there would be a significant reduction in the number of deaths from cancer in the Community; the decrease could be as high as 15 % by the year 2000’.

Inform and educate in order to save lives

Cancer is not necessarily a fatal disease, yet it is a subject on which obscurantism is the rule. The European Community has therefore decided to reinforce existing national activities in the health information and education field, working through those who have an essential involvement, such as the associations and leagues against cancer and family doctors.

Through these well-placed agents, the Community encourages the widest possible dissemination of the European Code against cancer. The Community encourages
Deaths from lung cancer in men

Number of deaths per 100 000 population (age-standardized, 1970s)

- 80.0
- 68.0
- 56.0
- 44.0
- 32.0
- 20.0
- 0.0

The regions hardest-hit today (Great Britain, Benelux, Germany, northern Italy) are those in which tobacco consumption was particularly high 15 or 20 years ago; this is the delay usually observed between exposure to tobacco smoke and the appearance of lung cancer.

Conclusion: do not smoke.

Map compiled for the European Commission by the International Agency for Research on Cancer.
exchanges of experience between the responsible authorities in all member countries, so they can benefit from each other's successes and failures and avoid unnecessary and costly duplications of effort in the development of basic modules for health information and education.

Everybody concerned — private organizations involved in the fight against cancer, health personnel, health ministers, the European Community — has undertaken to engage in specific activities particularly aimed at promoting the European Code against cancer (publication of brochures or special editions of their magazines by the associations and leagues against cancer; organization of open days in anti-cancer centres; display of the European Code in the waiting-rooms of family doctors, in pharmacies and hospitals, etc.).

The first action plan of 1987-89 ended in 1989 with a 'European Year of Information on Cancer', which was a great success and was wound up on 9 January 1990 with a major Eurovision programme.

Under the second action plan for 1990-94, this public awareness campaign will be continued, particularly in the context of the 'European weeks', organized each year in the second week of October.

Ten television programmes on cancer treatment and prevention, financed by 'Europe against cancer', had a wide audience. The principal ones were made available on video cassettes for health education in schools. (Enquiries should be made to the offices of the European Commission in the different Member States.)

**Improved training for the health professions**

General practitioners and specialists, nurses, dentists and stomatologists have a decisive role to play in the fight against cancer. According to the European Community Committee of Cancer Experts, training programmes for these professions may be improved to meet the needs of cancer prevention and treatment. The aim of the European Community is to assist exchanges between the Member States and to draw up the minimum content of training programmes. This last point is additionally justified by the need to allow the free movement of members of the health professions and their freedom to settle and practice anywhere in a Europe without frontiers.

The European Community also provides financial encouragement for:

- cancer training for members of the health professions at the centres regarded as the best in Europe (European School of Oncology in Venice, Utrecht Detection Centre, etc.), by means of scholarships;

- training instructors of health personnel, particularly of general medical practitioners, by financing European seminars to bring their knowledge up to date.
Deaths from cancer of the oesophagus in men

High alcohol consumption, aggravated by smoking, explains the record of mortality in western France. Conclusion: moderate your consumption of alcoholic drinks.

Map compiled for the European Commission by the International Agency for Research on Cancer.
Further information can be obtained from the offices of the European Commission in the Member States.

**Research: collaboration in order to go further, faster**

The progress made in medical research has already resulted in continuous improvements in the long-term survival chances of patients with certain cancers. However, the practical achievements of research in Europe may still be improved by better collaboration and coordination.

The pooling of European resources in cooperative projects is as necessary as it is appropriate, in order to achieve a truly European cancer research effort without national frontiers.

- The European Community encourages the movement of ideas and people by annually granting 50 European fellowships to research workers eager to continue their training in the laboratories of another Community country.

- In addition, the European Community fosters the coordination of research work in order to improve cancer prevention:
  
  - epidemiological research is being developed on five principal themes: European coordination of medical research on food and cancer; a stepping-up of European research on occupational cancers; the prevention of radiation-induced cancers; continued research into carcinogenic factors in the environment; the implementation of a European programme to investigate passive smoking;
  
  - with regard to screening and diagnosis, two research areas in particular are being explored in depth: automated tissue analysis and medical scanning.

- The Europe against cancer programme also involves Community research on anti-cancer therapies, and in particular:
  
  - research into genetic engineering and protein engineering for the production of anti-cancer medicines;
  
  - studies aimed at reducing the general toxicity of cancer-killing drugs;
  
  - research to improve the administration of anti-tumour substances;
  
  - clinical research, particularly within the EORTC (European Organization for Research and Treatment of Cancer);
  
  - research to develop new methods of radiotherapy.

- Finally, the European Community is aiming for a better coordination of fundamental research. Research in the area of carcinogenic viruses has, in
Deaths from malignant melanomas in men

Skin cancers claim most victims in the countries of Northern Europe (Denmark, Germany, England). Among fair-skinned people, a major risk factor is intermittent but excessive exposure to the sun.

Conclusion: avoid excessive exposure to the sun.

Map compiled for the European Commission by the International Agency for Research on Cancer.
effect, revealed the role of certain oncogenes — genes which could be involved in the origin of a cancer. Today more than 20 oncogenes have been recognized and their genetic code identified. In the future, the European Community should participate in research work on the genetic aspects of cancer.

△

The Europe against cancer programme is now operating in the four key areas: cancer prevention, health information and education, training for the health professions and cancer research.

In this fight against illness, suffering and death, the European Community plays a specific role by using its prerogatives in areas such as the establishment of a market without frontiers, the common agricultural policy or the policy on the environment, and by providing 'added value' through synergy, partnership and exchange which are the only means of realizing the full value of national activities.

The success of this European programme requires the mobilization of numerous bodies, in particular the associations and leagues against cancer, the health professions and the media, which are all essential for spreading information among 320 million Europeans and motivating and mobilizing them.

Fifteen per cent lower mortality from cancer by the year 2000. That target brings a hope of life to 150 000 Europeans. Thus, in the area of health, as in others, the European Community can demonstrate the unique value of its 'multiplier effect' □
Deaths from breast cancer in women

Mortality is particularly high in Northern Europe (Denmark, United Kingdom, Ireland, the Netherlands). Among the reasons given are excessive weight and a diet too rich in animal fats. However, these hypotheses need to be confirmed.

Conclusion: avoid being overweight.

Map compiled for the European Commission by the International Agency for Research on Cancer.
Deaths from stomach cancer in women

Mortality is particularly high in central and northern Italy and Portugal. A diet too low in fresh fruit and vegetables is probably a risk factor.

Conclusion: eat fresh fruit and vegetables often.

Map compiled for the European Commission by the International Agency for Research on Cancer.
European Community Committee of Cancer Experts

This Committee is composed of the following individuals:

Professor Maurice Tubiana, President of the Committee, Director of the Institut Gustave Roussy, France.

Professor Norman Bleezen, Vice-President of the Committee, Director of the Medical Research Council, Clinical Oncology and Radiotherapeutics Unit, Cambridge, United Kingdom.

Professor Dr E. Grandmann, Vice-President of the Committee, Director of the Pathologisches Institut der Universität Münster, Germany.

Professor Umberto Veronesi, Vice-President of the Committee, Director-General of the Istituto Nazionale per lo Studio e la Cura dei Tumori, Italy.

Professor Christian de Duve, Nobel Prize, and Professor Thierry Boon, International Institute of Cellular and Molecular Pathology, Belgium.

Professor Carl Schmidt, Director of the Westdeutsches Tumorzentrum, Innere Klinik und Poliklinik der Ruhr Universität, Germany.

Doctor Ole Møller Jensen, Director of the Kræftens Bekæmpelse Cancerregisteret, Denmark.

Professor J. Estapé Rodríguez, Cátedra de Oncología, Hospital Clínica Barcelona, Spain.

Doctor J. Gonzalez Enriquez, Ministerio de Sanidad y Consumo, Spain.

Professor I. Garas, Hellenic Society of Oncology, Greece.

Doctor Michael Moriarty, Consultant in radiotherapy clinical oncology, St Luke’s Hospital, Ireland.

Professor Mario Dicato, Head of the Département hematologie-cancérologie, Luxembourg.

Doctor R. Kroes, Director of the Rijksinstituut voor Volksgezondheid en Milieuhygiëne, the Netherlands.

Professor José Conde, Cabinet de Ensino Oncologia, Director of the Instituto Portugues de Oncologia, Universidade Nova de Lisboa, Portugal.

Doctor P. Bourdillon, Senior Medical Officer, Department of Health, Eileen House, London, United Kingdom.

Observers

Professor Jerzy Einhorn, Director of the Stockholm Cancer Centre, Sweden.

Doctor L. Tomatis, Director of the International Agency for Research on Cancer (CIRC/IARC), France.

Doctor Alberto Costa, Secretary-General of the European School of Oncology, Italy.

Doctor L. Dobrössy, Regional Officer for Cancer, WHO Regional Office for Europe, Denmark.

Doctor K. Roos, Assistant Undersecretary of State, Socialdepartementet, Sweden.
### Persons considering the European cancer prevention commandments ‘very important’ (%)

<table>
<thead>
<tr>
<th></th>
<th>B</th>
<th>DK</th>
<th>D</th>
<th>GR</th>
<th>E</th>
<th>F</th>
<th>IRL</th>
<th>I</th>
<th>L</th>
<th>NL</th>
<th>P</th>
<th>UK</th>
<th>EC</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Considering it ‘very important’:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not to smoke</td>
<td>1988</td>
<td>73</td>
<td>69</td>
<td>68</td>
<td>80</td>
<td>77</td>
<td>77</td>
<td>81</td>
<td>81</td>
<td>75</td>
<td>65</td>
<td>83</td>
<td>78</td>
</tr>
<tr>
<td></td>
<td>1990</td>
<td>76</td>
<td>60</td>
<td>60</td>
<td>75</td>
<td>77</td>
<td>75</td>
<td>76</td>
<td>85</td>
<td>72</td>
<td>63</td>
<td>77</td>
<td>81</td>
</tr>
<tr>
<td>To moderate consumption of alcoholic drinks</td>
<td>1988</td>
<td>59</td>
<td>30</td>
<td>48</td>
<td>70</td>
<td>70</td>
<td>71</td>
<td>49</td>
<td>63</td>
<td>62</td>
<td>50</td>
<td>77</td>
<td>38</td>
</tr>
<tr>
<td></td>
<td>1990</td>
<td>63</td>
<td>36</td>
<td>41</td>
<td>64</td>
<td>59</td>
<td>62</td>
<td>43</td>
<td>65</td>
<td>56</td>
<td>48</td>
<td>71</td>
<td>38</td>
</tr>
<tr>
<td>To eat fruit and fresh vegetables frequently</td>
<td>1988</td>
<td>63</td>
<td>59</td>
<td>57</td>
<td>69</td>
<td>61</td>
<td>52</td>
<td>59</td>
<td>52</td>
<td>61</td>
<td>61</td>
<td>73</td>
<td>52</td>
</tr>
<tr>
<td></td>
<td>1990</td>
<td>66</td>
<td>57</td>
<td>62</td>
<td>68</td>
<td>59</td>
<td>51</td>
<td>59</td>
<td>67</td>
<td>56</td>
<td>58</td>
<td>67</td>
<td>58</td>
</tr>
<tr>
<td>To avoid excessive exposure to the sun</td>
<td>1988</td>
<td>47</td>
<td>39</td>
<td>40</td>
<td>60</td>
<td>47</td>
<td>49</td>
<td>58</td>
<td>33</td>
<td>41</td>
<td>37</td>
<td>71</td>
<td>45</td>
</tr>
<tr>
<td></td>
<td>1990</td>
<td>56</td>
<td>45</td>
<td>40</td>
<td>59</td>
<td>41</td>
<td>51</td>
<td>58</td>
<td>37</td>
<td>44</td>
<td>46</td>
<td>61</td>
<td>49</td>
</tr>
<tr>
<td>To avoid becoming overweight</td>
<td>1988</td>
<td>51</td>
<td>45</td>
<td>45</td>
<td>66</td>
<td>55</td>
<td>39</td>
<td>51</td>
<td>43</td>
<td>45</td>
<td>54</td>
<td>67</td>
<td>45</td>
</tr>
<tr>
<td></td>
<td>1990</td>
<td>59</td>
<td>44</td>
<td>42</td>
<td>64</td>
<td>43</td>
<td>36</td>
<td>45</td>
<td>44</td>
<td>38</td>
<td>44</td>
<td>55</td>
<td>50</td>
</tr>
<tr>
<td>Women considering it ‘very important’:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To check their breasts regularly</td>
<td>1988</td>
<td>68</td>
<td>73</td>
<td>60</td>
<td>67</td>
<td>64</td>
<td>76</td>
<td>77</td>
<td>80</td>
<td>80</td>
<td>68</td>
<td>53</td>
<td>83</td>
</tr>
<tr>
<td></td>
<td>1990</td>
<td>54</td>
<td>79</td>
<td>54</td>
<td>65</td>
<td>59</td>
<td>76</td>
<td>77</td>
<td>80</td>
<td>59</td>
<td>71</td>
<td>57</td>
<td>84</td>
</tr>
<tr>
<td>To have a cervical smear regularly</td>
<td>1988</td>
<td>64</td>
<td>73</td>
<td>55</td>
<td>66</td>
<td>63</td>
<td>74</td>
<td>76</td>
<td>78</td>
<td>77</td>
<td>70</td>
<td>49</td>
<td>89</td>
</tr>
<tr>
<td></td>
<td>1990</td>
<td>54</td>
<td>78</td>
<td>50</td>
<td>66</td>
<td>56</td>
<td>72</td>
<td>78</td>
<td>77</td>
<td>56</td>
<td>73</td>
<td>46</td>
<td>88</td>
</tr>
</tbody>
</table>
### Persons keeping the commandments of the ‘European Code against cancer’ (%)

<table>
<thead>
<tr>
<th>Commandment No 1: Smoking</th>
<th>B</th>
<th>DK</th>
<th>D</th>
<th>GR</th>
<th>E</th>
<th>F</th>
<th>IRL</th>
<th>I</th>
<th>L</th>
<th>NL</th>
<th>P</th>
<th>UK</th>
<th>EC</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Non-smokers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1988</td>
<td>61</td>
<td>56</td>
<td>66</td>
<td>57</td>
<td>62</td>
<td>63</td>
<td>65</td>
<td>67</td>
<td>65</td>
<td>56</td>
<td>75</td>
<td>65</td>
<td>63</td>
</tr>
<tr>
<td>1990</td>
<td>65</td>
<td>53</td>
<td>65</td>
<td>65</td>
<td>68</td>
<td>66</td>
<td>64</td>
<td>67</td>
<td>73</td>
<td>60</td>
<td>76</td>
<td>69</td>
<td>67</td>
</tr>
<tr>
<td>2. Smokers who want to stop</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1988</td>
<td>28</td>
<td>24</td>
<td>9</td>
<td>43</td>
<td>28</td>
<td>28</td>
<td>37</td>
<td>45</td>
<td>32</td>
<td>26</td>
<td>24</td>
<td>33</td>
<td>28</td>
</tr>
<tr>
<td>1990</td>
<td>31</td>
<td>23</td>
<td>8</td>
<td>43</td>
<td>30</td>
<td>28</td>
<td>39</td>
<td>44</td>
<td>33</td>
<td>21</td>
<td>29</td>
<td>39</td>
<td>29</td>
</tr>
<tr>
<td>Commandment No 2: Alcohol</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderating consumption of alcoholic drinks</td>
<td>1988</td>
<td>71</td>
<td>70</td>
<td>60</td>
<td>77</td>
<td>79</td>
<td>87</td>
<td>70</td>
<td>89</td>
<td>86</td>
<td>78</td>
<td>85</td>
<td>73</td>
</tr>
<tr>
<td></td>
<td>1990</td>
<td>67</td>
<td>79</td>
<td>55</td>
<td>74</td>
<td>70</td>
<td>83</td>
<td>72</td>
<td>87</td>
<td>86</td>
<td>72</td>
<td>76</td>
<td>72</td>
</tr>
<tr>
<td>Commandment No 3: Sun</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Avoiding excessive exposure to the sun</td>
<td>1988</td>
<td>60</td>
<td>65</td>
<td>47</td>
<td>66</td>
<td>67</td>
<td>76</td>
<td>69</td>
<td>66</td>
<td>66</td>
<td>53</td>
<td>83</td>
<td>66</td>
</tr>
<tr>
<td></td>
<td>1990</td>
<td>60</td>
<td>72</td>
<td>44</td>
<td>69</td>
<td>57</td>
<td>68</td>
<td>68</td>
<td>63</td>
<td>67</td>
<td>59</td>
<td>71</td>
<td>60</td>
</tr>
<tr>
<td>Commandment No 5: Fruit and vegetables</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eating them every day or almost</td>
<td>1988</td>
<td>78</td>
<td>65</td>
<td>45</td>
<td>71</td>
<td>84</td>
<td>78</td>
<td>77</td>
<td>86</td>
<td>77</td>
<td>87</td>
<td>69</td>
<td>76</td>
</tr>
<tr>
<td></td>
<td>1990</td>
<td>72</td>
<td>63</td>
<td>51</td>
<td>70</td>
<td>86</td>
<td>73</td>
<td>78</td>
<td>87</td>
<td>76</td>
<td>90</td>
<td>79</td>
<td>77</td>
</tr>
<tr>
<td>Commandment No 6: Excess weight</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Avoiding becoming overweight</td>
<td>1988</td>
<td>61</td>
<td>66</td>
<td>54</td>
<td>78</td>
<td>67</td>
<td>74</td>
<td>71</td>
<td>71</td>
<td>73</td>
<td>69</td>
<td>72</td>
<td>70</td>
</tr>
<tr>
<td></td>
<td>1990</td>
<td>66</td>
<td>69</td>
<td>49</td>
<td>80</td>
<td>58</td>
<td>64</td>
<td>70</td>
<td>67</td>
<td>67</td>
<td>61</td>
<td>70</td>
<td>63</td>
</tr>
<tr>
<td>Commandment No 9: Cervical smear</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Having a smear test at least every three years</td>
<td>1988</td>
<td>32</td>
<td>36</td>
<td>39</td>
<td>17</td>
<td>7</td>
<td>55</td>
<td>18</td>
<td>24</td>
<td>28</td>
<td>23</td>
<td>33</td>
<td>28</td>
</tr>
<tr>
<td></td>
<td>1990</td>
<td>41</td>
<td>45</td>
<td>51</td>
<td>19</td>
<td>17</td>
<td>40</td>
<td>28</td>
<td>33</td>
<td>31</td>
<td>39</td>
<td>39</td>
<td>34</td>
</tr>
<tr>
<td>Commandment No 10: Breasts</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Checking breasts regularly</td>
<td>1988</td>
<td>35</td>
<td>33</td>
<td>33</td>
<td>16</td>
<td>13</td>
<td>55</td>
<td>28</td>
<td>29</td>
<td>29</td>
<td>37</td>
<td>16</td>
<td>48</td>
</tr>
<tr>
<td></td>
<td>1990</td>
<td>26</td>
<td>34</td>
<td>19</td>
<td>17</td>
<td>19</td>
<td>26</td>
<td>25</td>
<td>34</td>
<td>35</td>
<td>24</td>
<td>33</td>
<td>27</td>
</tr>
</tbody>
</table>

Source: ‘Europeans and cancer prevention’, surveys carried out by ‘European Omnibus Survey’ for the Commission of the European Communities. The totals given for the Community (EC) are weighted averages.
Trend in awareness of the European Code against cancer during the European Year of Information on Cancer

Have heard of the European Code against cancer

The aim of European Year of Information on Cancer was to increase awareness of the European Code against cancer. This objective was achieved in eight of the 12 Member States, most spectacularly in Portugal (where awareness rose from 29 to 56%). In the Netherlands and the United Kingdom, however, the level of awareness did not change — and it declined slightly in Germany (from 15 to 12%) and in Denmark (from 15 to 11%).
Trend in % of non-smokers during the first action plan 1987-89

% of people who say they are non-smokers

Significant progress (4% or more) was recorded in seven of the 12 Member States of the European Community.
Whom to contact in the different countries

There are numerous associations and leagues against cancer. Among those which are members of the European Commission’s Committee are the following:

*United Kingdom:*

Cancer Education Coordination Group, Ulster Cancer Foundation, 40-42 Eglantine Avenue, Belfast BT9 6DX.

UK CCCR, Africa House 1/2, 64-78 Kingsway, London WC2B 6BG.

Imperial Cancer Research Fund, PO Box 123, Lincoln’s Inn Fields, London WC2A 3PX.

Cancer Research Campaign, 2 Carlton House Terrace, London SW17 5AR.

*Ireland:*

Irish Cancer Society, 5 Northumberland Road, Dublin 4.

Summary bibliography


The Europe against cancer programme: report on the implementation of the first action plan 1987-89 (COM(89) 185).


Europe against cancer programme: outline of an action plan 1990-94 (SEC(89) 648).

These publications and the films mentioned in the document may be obtained by contacting the offices of the European Commission whose addresses are provided overleaf.
The contents of this publication do not necessarily reflect the official views of the institutions of the Community. Reproduction authorized.

Commission of the European Communities

Directorate-General for Information, Communication and Culture
Rue de la Loi 200 — B-1049 Brussels

Office in Ireland
39 Molesworth Street, Dublin 2 — Tel. 71 22 44

Office in England
Office in Wales
Office in Scotland
Office in Northern Ireland
8 Storey's Gate, London SW1P 3AT — Tel. 222 81 22
4 Cathédral Road, Cardiff CF1 9SG — Tel. 37 16 31
7 Alva Street, Edinburgh EH2 4PH — Tel. 225 20 58
Windsor House, 9/15 Bedford Street,
Belfast BT2 7EG — Tel. 24 07 08

Information services in the USA
2100 M Street, NW, Suite 707,
Washington DC 20037 - USA — Tel. (202) 862-9500
305 East 47th Street, 1 Dag Hammarskjöld Plaza,
New York, NY 10017 - USA — Tel. (212) 371-3804

Countries fully or partly English speaking. Offices also exist in other countries including all Member States.

Office for Official Publications of the European Communities
L - 2985 Luxembourg

ISSN 0379-3133

Catalogue number: CC-AD-90-012-EN-C