

COMMISSION
OF THE
EUROPEAN COMMUNITIES



EUROPE AGAINST CANCER

GENERAL PRACTITIONERS AND THE PREVENTION OF CANCER
IN THE EUROPEAN COMMUNITY

Main findings of a survey carried out in the European Community
between August and October 1988

(Working Paper of the Commission departments)

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"EUROPE AGAINST CANCER":
GENERAL PRACTITIONERS AND THE PREVENTION OF CANCER
IN THE EUROPEAN COMMUNITY

General practitioners play a major role in the prevention and early detection of disease. For this reason their basic medical training, regular updating of knowledge, and their daily contribution to providing the public with health education and information are the subject of various measures included in the "Europe against Cancer" programme.

Between the middle of August and the beginning of October 1988 a special survey on these points are carried out among 2 314 European general practitioners, or about 200 in each Community country (with 50 in Luxembourg). The respondents were selected at random within the quotas relating to distribution by region and area of general practitioners in independent practice.¹

Taking into account the problems concerning definition and the lack of statistics encountered in relation to the selection of the national samples it can be claimed that the European sample is "reasonably representative" of the 370 000 or so general practitioners operating in the 12 Community Member States. At the same time the study should be regarded as exploratory in nature and given the size of the national samples not too much importance should be attached to the percentages for any one country in relation to the others (and also between subgroups within any one country).

The questionnaire included about 30 questions relating in particular to an assessment by the doctors concerned of their own training, their attitudes to the European cancer code, their practices as regards diagnostic examinations and finally their attitude and behaviour in relation to tobacco. The main questions are included in Annex I.

The present Working Paper draws the attention of the institutions and the organization concerned to the most salient results with a view to obtaining their reactions.

¹ This study was carried out by the twelve national institutes belonging to the "European omnibus survey" (Brussels). All technical information (questionnaire, methods of sampling, etc.) are available on request.

I. TRAINING IN THE PREVENTION AND DETECTION OF CANCER

I.1 More than half of the doctors questioned (an average of 56% for the Community as a whole) considered that the training which they received during their medical studies is insufficient, in particular in Greece (69%), Italy (63%), Denmark, Spain and Ireland (59%), Portugal (58%), Germany (52%) and The Netherlands (50%). However, comparisons between countries should be treated with caution in view of the socio-demographic differences in the area examined. For example, one doctor out of two surveyed is under 35 years of age in France, by comparison with fewer than one in 10 in The Netherlands, Germany, Greece and Denmark.

I.2 About one doctor in three (35%) claims to encounter difficulty in obtaining access to complementary training programmes, in particular in Portugal (54%), Spain (48%) and Italy (46%). Moreover, one doctor in four in the Community does not know whether such courses exist in his country.

The demand for information and training is very high, particularly in relation to seminars, conferences and short courses (61% on average within the Community), and for articles in medical periodicals (57%). There is thus a continued high level of demand for written information.

I.3 Finally, it should be noted two doctors in three wish to receive educational material relating to cancer prevention (67%), whereas only one doctor in four has already received such material (27%).

I.4 CONCLUSION: The survey shows that in most European Community countries general practitioners are very keen on obtaining more basic and follow-up information relating to the prevention and detection of cancer and more educational material for themselves and their patients. This openness and willingness to learn calls for increased effort on the part of bodies and institutions in a position to satisfy this demand. For its part, the Commission will continue, in collaboration with representatives of the medical profession and the training bodies concerned, the measures launched within the framework of "Europe against Cancer" programme (cf. the 1987-89 action plan (OJ C 50 of 26 February 1987 and the proposal for the second plan of action 1990-94, document COM(89) 210 final).

II. THE EUROPEAN CODE AGAINST CANCER

Some elements of the "European Code against Cancer" are still not familiar to general practitioners. However as regards the principles underlying the Code attitudes are very largely positive.

II.1 Rules relating to primary prevention (rules 1 to 6)

In all the countries, the avoidance of smoking generally occupies the forefront of concerns on the part of general practitioners. This is the rule which is regarded as the most important one and the one on which there is most agreement.

The doctors questioned are more hesitant or more divided as regards the other primary prevention rules.

- The dangers of excessive alcohol consumption which cannot now be called into question are however still challenged by 11% of doctors in the United Kingdom, 10% of doctors in Denmark and Germany and 8% in The Netherlands.
- The dangers of excessive exposure to the sun which are similarly beyond question, are still challenged by 10% of doctors in Italy and Greece.
- The beneficial effects of frequent consumption of fruit and fresh vegetables and high-fibre foods are not accepted by 12% of French and Dutch doctors, 16% of doctors in Germany and 17% in Italy, while at the same time the two latter countries, along with Spain and Portugal, are those where stomach cancer is most frequent. Although the scientists have not yet reached absolute certainty concerning this rule, it still seems very likely as in fact the European Code itself states.
- This observation is equally valid as regards the rule on excessive weight which might explain why so many doctors still challenge its validity (as many as 30% in the United Kingdom).

CONCLUSION: There is thus a need to provide general practitioners with better information concerning recent developments as regards epidemiological studies on links between food and cancer. A detailed scientific brochure on the "European Code against Cancer" will be drawn up for them in close consultation with representatives of general practitioners and the European cancer experts committee. This brochure should be distributed in autumn 1989.

II.2 Rules on secondary prevention (rules 7 to 10)

General practitioners attach great importance to the rules relating to early diagnosis, whether as regards consulting the doctor in cases of abnormal symptoms or persistent problems or as regards screening for cancers in women.

One strange fact which still has to be explained emerges in The Netherlands and in Ireland where 9% and 5% respectively of general practitioners are not in agreement with the rule which states "examine your breasts regularly". Perhaps it can be traced back to certain doubts, which are unfounded, as to whether women examining their own breasts is an effective way of diagnosing cancer in its early stages.

(a) Cervical smear tests and mammographies: recommendations by general practitioners

A.1 The European Code recommends women to have regular cervical smear tests throughout the period of their lives when they have regular sexual intercourse. From the public health viewpoint the European cancer experts recommend that the test should be done every two to five years. In Germany, however, the national early detection programme set up in 1971 recommends a test each year from the age of 20.

In practice, in several countries a high proportion of general practitioners deviate from this European norm.

- Age of first test: only 34% of doctors in the Community recommend, rightly, that these tests should be carried out from the age of 20. Those doctors who keep closest to the European Code are those in the United Kingdom (71%), in Denmark (68%) and in Ireland (61%).
- Recommended frequency: the majority of general practitioners in the European Community (55%) advise an annual test which leads to medical "over-consumption" with regard to the recommendations of European cancer experts. (This over-consumption is particularly high in Germany, where 80% of doctors recommend an annual test, which is however in accordance with the recommendations of the German health authorities).

In this case too, it is doctors in the United Kingdom (75%), The Netherlands (64%) and in Denmark (63%) who follow the recommendations of the cancer experts.

A.2 The Code recommends regular mammographies. According to the views of the Committee of European Cancer Experts this test should be taken every three years from the age of 50 onwards. In this connection it should be noted that the official recommendation in Germany is that the test should be taken every two years from the age of 40 onwards.

- Age of first test: only 11% of doctors in the European Community abide by the European norm. In all the countries general practitioners recommend mammographies much earlier in relation to the recommendations of the European cancer experts.
- Frequency of test: fewer than one general practitioner in two (46%) follows the recommendations of the European cancer experts. In this area too there is a clear tendency to medical over-consumption in all the Community countries (including Germany).

Conclusion: There is therefore a need to provide general practitioners with better information concerning the most recent norms, by European experts as regards early detection of breast cancer and cancer of the cervix.

(b) The actual practice of diagnosis by general practitioners

In addition to smear tests and mammographies other diagnostic tests were referred to: manual examination of breasts and instruction in self-examination, examination of the rectum, examination of the mouth, the larynx and the skin.

Of these eight examinations, four are generally carried out by general practitioners themselves i.e. the manual examination of both breasts (87%), teaching women to examine their own breasts (85%), examination of the mouth (85%), examination of the skin (65%) and examination of the rectum (60%). However, probably for cultural reasons perhaps in combination with inadequate training it emerges that only 37% of general practitioners in Italy and 39% in Spain carry out examination of the rectum themselves. As is proper, mammographies are generally carried out by specialists or at a diagnostic centre.

On the other hand, with the exception of The Netherlands (96%), the United Kingdom, Denmark and Ireland (80%) and Belgium (79%), it appears that not enough general practitioners carry out cervical smear tests themselves although this is recommended by European cancer experts.

Conclusion: In most of the Member States of the Community it would therefore be advisable to conduct a training and awareness campaign for general practitioners relating to the application of the cervical smear test.

IV. SMOKING ADDICTION AMONG GENERAL PRACTITIONERS

In the European Community as a whole more than one doctor in three (36%) still smokes. Although only 10% of doctors in the United Kingdom smoke today as a result of vigorous campaigns in that country for thirty or so years, on the other hand almost one in two Spanish doctors (45%) admits to being a smoker, and for doctors in Italy the figure is 41% while more than three doctors in ten smoke in France, Luxembourg, Denmark, Greece and Portugal.

Amongst those doctors (men and women) who are smokers about two thirds say that they would like to give up smoking or reduce their tobacco consumption, a figure slightly higher than the percentage for the population as a whole.

Conclusion: In all cases there is a need to give priority to efforts to combat tobacco addiction amongst doctors, in particular in the southern European countries.

CONCLUSION

These results, or some of them, could appear surprising. We should recall that the survey was an exploratory one, that the results should be compared with those, if any, already obtained in a given country amongst the same group (general practitioners in independent practice) and using the same questions. Finally, we should remember that a sample survey cannot claim to be anything but an approximation of reality and more basically that the interpretation of the results is first and foremost a matter for those who are actually experiencing the situation which we have set out to describe.

Subject to these reservations the present study represents a useful working tool for all the institutions and organizations concerned in the struggle against cancer. It indicates very clearly a number of paths of action which need to be pursued if all the general practitioners in all the European Community countries are to be more closely involved in cancer prevention.

QUESTIONNAIRE

OPINIONS OF GENERAL PRACTITIONERS ON TRAINING IN CANCER PREVENTION AND SCREENING

Question : "Do you think that while you were a medical student, you received sufficient or insufficient training about the prevention and the detection of cancer ?"

ACCESS TO FURTHER TRAINING

Question : "As far as you know, are there at the present time courses for supplementary training on the prevention and detection of cancer available to general practitioners like yourself ?"

METHODS OF INFORMATION AND FURTHER TRAINING WHICH SEEM TO BE THE BEST

Question : "More generally, as a way of keeping you up-to-date with the subject, which of the ways on this card appear to be the best for a general practitioner like yourself ?"

EDUCATIVE MATERIAL ON CANCER PREVENTION

Question : "Have you already received, or would you like to receive for your own personal information and for your patients, educational material relating to cancer prevention ?"

GENERAL PRACTITIONERS AND THE EUROPEAN CODE

Question : "Among the ten rules shown in the Code, which ones, from your personal experience, are those with which you do not agree ?"

CERVICAL SMEARS

Question : "Thinking first of cervical smears, could you tell me using the responses on this card (...) and taking into account your own experience, from what age and with what frequency it would appear desirable to recommend to women to have a cervical smear ?"

"And now mammography, from what age and with what frequency do you think it is desirable that this should be carried out ?"

SMOKERS AMONG GENERAL PRACTITIONERS AND THE GENERAL POPULATION

Questions : "Finally, one last question : which of the following applies to yourself with regard to smoking ? You smoke cigarettes (including roll-your-own), you smoke cigars or a pipe, you used to smoke but you have stopped, you have never smoked ?"

Question to smokers :

"At the present time, do you wish to stop smoking, cut down your consumption of tobacco, or do you have no wish to change your smoking habits ?"

TRAINING NEEDS IN THE FIELD OF CANCER :
 GENERAL PRACTITIONERS' ANSWERS IN EUROPEAN SURVEY
 (SUMMER - AUTOMN 1988)

THEME	EVALUATE INSUFFICIENT THEIR TRAINING DURING THEIR MEDICAL STUDIES	EVALUATION OF THE COMPLEMENTARY TRAINING AFTER MEDICAL STUDIES		PREFERRED MEANS OF INFORMATION OR COMPLEMENTARY TRAINING				TRAINING MATERIAL FOR CANCER PREVENTION	
		THERE ARE NONE, AS FAR AS I KNOW	EXISTS, BUT WITH DIFFICULT ACCESS	SEMINARIES CONFERENCES	PROFESSIONAL MAGAZINES	VIDEO-TAPES	BOOKS	ALREADY RECEIVED	WOULD LIKE TO RECEIVE
B	48	11	30	65	55	37	22	56	36
DK	59	23	25	72	81	10	13	81	12
D	52	16	18	71	76	36	31	67	21
GR	69	21	35	79	50	27	50	12	84
SP	59	38	48	61	49	17	16	16	82
F	44	17	36	63	71	22	13	20	66
IRL	59	46	36	51	57	13	11	20	76
IT	63	18	46	51	51	19	26	21	73
LUX	38	26	36	64	54	36	20	58	36
NL	50	9	31	44	56	33	14	81	15
PT	58	15	54	81	46	27	28	34	64
UK	46	32	40	59	64	36	14	29	64
CE	56	24	35	61	57	23	21	27	67

CONCLUSION

GENERAL PRACTITIONERS DEMAND VERY STRONGLY MORE BASIC AND CONTINUED EDUCATION IN PREVENTION AND EARLY DETECTION OF CANCER.

GENERAL PRACTITIONERS AND THE EUROPEAN CODE

1. THE EUROPEAN CODE AGAINST CANCER

CERTAIN CANCERS MAY BE AVOIDED

1. Do no 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, especially in the working environment 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 risks 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 a lump, a change in a mole or abnormal bleeding.
8. See a doctor if you have persistent problems, such as a persistent cough, 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 over the age of 50.

11. RULES ONE DOESN'T AGREE WITH

COMMUNITY AS A WHOLE	1	6	5	4	11	16	1	1	1	2	62	2	7
BELGIQUE/BELGIE	-	3	2	4	3	16	1	-	2	2	59	-	17
DANMARK	1	10	4	2	9	14	3	2	-	4	51	1	18
DEUTSCHLAND	1	10	4	6	16	15	-	-	-	3	58	3	6
ELLAS	-	6	10	6	10	10	-	1	1	2	65	-	9
ESPAÑA	2	5	2	4	7	15	1	1	2	1	65	3	7
FRANCE	2	3	3	7	12	17	1	1	-	1	70	1	1
IRELAND	1	5	2	1	5	13	-	1	2	5	71	2	2
ITALIA	1	6	10	2	17	15	1	2	1	3	53	3	8
LUXEMBOURG	-	-	-	4	6	14	-	-	-	2	82	-	-
NEDERLAND	2	8	5	2	12	13	1	1	6	9	39	-	20
PORTUGAL	-	2	1	1	1	3	1	1	1	2	91	2	3
UNITED KINGDOM	-	11	2	1	9	30	-	-	2	4	56	3	6

CONCLUSION

GENERAL PRACTITIONERS SHOULD BE BETTER INFORMED ABOUT THE EPIDEMIOLOGICAL FINDINGS ON THE LINKS BETWEEN NUTRITION AND CANCER (COMMANDMENTS Nr 2, 5 and 6)

CERVICAL SHEAR TEST :Age from which it should be recommended

	B	DK	D	GR	E	F	IRL	I	L	NL	P	UK	EC
20 years.....	36	68	38	20	21	54	61	24	42	20	24	71	34
30 years.....	35	25	45	34	45	27	23	50	26	54	49	6	40
40 years.....	15	2	12	22	27	15	3	22	14	10	23	2	19
50 years.....	2	1	1	12	4	1	1	1	-	1	-	-	2
Other answer.....	8	2	1	-	1	3	10	2	16	14	3	4	2
No answer.....	4	2	3	12	2	-	2	1	2	1	1	17	3
TOTAL.....	100	100	100	100	100	100	100	100	100	100	100	100	100

Recommended frequency

	B	DK	D	GR	E	F	IRL	I	L	NL	P	UK	EC
Every year..	70	16	80	77	60	50	9	57	66	5	72	7	55
Every other year....	23	27	16	9	21	38	57	31	28	28	20	16	25
Every three years....	2	52	2	4	9	9	27	8	-	61	3	71	14
Every five years.....	1	1	-	-	6	1	3	2	2	3	1	4	3
Less often...	1	1	-	1	1	1	2	1	2	-	1	-	1
No answer.....	3	3	2	9	3	1	2	1	2	3	3	2	2
TOTAL	100	100	100	100	100	100	100	100	100	100	100	100	100

CONCLUSION

GENERAL PRACTITIONERS SHOULD BE BETTER INFORMED ABOUT THE OPTIMAL FREQUENCY AND AGE OF FIRST TEST RECOMMENDED BY THE EUROPEAN CANCER EXPERTS : EVERY THREE TO FIVE YEARS FROM THE AGE OF TWENTY.

MAMMOGRAPHY :Age from which it should be recommended

	B	DK	D	GR	E	F	IRL	I	L	NL	P	UK	EC
20 years.....	4	9	5	5	10	2	5	11	4	3	2	10	8
30 years.....	21	34	38	17	33	25	27	29	14	21	26	29	29
40 years.....	35	22	33	29	38	49	29	35	38	29	38	34	38
50 years.....	15	5	5	19	8	15	18	10	14	16	14	14	11
Other answer.....	17	11	12	-	6	7	11	12	20	21	18	5	9
No answer.....	8	19	7	30	5	2	10	3	10	10	2	8	5
TOTAL.....	100	100	100	100	100	100	100	100	100	100	100	100	100

Recommended frequency

	B	DK	D	GR	E	F	IRL	I	L	NL	P	UK	EC
Every year.....	22	11	24	27	28	12	14	24	16	16	27	12	22
Every other year....	31	26	38	27	24	37	25	27	28	32	40	17	29
Every three years....	9	18	10	12	15	21	22	19	16	21	7	29	17
Tous five years.....	10	8	5	5	12	19	10	8	6	5	6	24	12
Less often.....	10	7	6	4	9	4	9	7	12	2	8	5	6
No answer.....	18	30	17	25	12	7	20	15	22	24	12	13	14
TOTAL	100	100	100	100	100	100	100	100	100	100	100	100	100

CONCLUSION

GENERAL PRACTITIONERS SHOULD BE BETTER INFORMED ABOUT THE RECENT CONCLUSIONS OF THE EUROPEAN CANCER EXPERTS CONCERNING THE AGE OF FIRST TEST (50 YEARS) AND THE OPTIMAL FREQUENCY (EVERY THREE YEARS) OF THIS EARLY DETECTION TEST.

PROPORTION OF GENERAL PRACTITIONERS PERFORMING
THE EXAMINATION THEMSELVES

	Smear test	Breast examination	Self examination	Mammo- graphy	Manual rectal examination	Mouth	Larynx	Skin
BELGIQUE/BELGIE	79	97	93	3	87	93	38	92
DANMARK	80	99	91	4	97	95	39	89
DEUTSCHLAND	37	76	82	4	80	90	22	91
ELLAS	2	88	92	6	63	85	37	68
ESPANA	5	79	71	2	39	83	22	72
FRANCE	66	99	95	4	91	95	13	80
IRELAND	80	99	94	4	93	99	27	94
ITALIA	4	85	87	2	37	73	17	65
LUXEMBOURG	48	92	96	4	96	96	22	88
NEDERLAND	96	96	90	24	92	89	18	83
PORTUGAL	38	91	89	12	60	79	26	79
UNITED KINGDOM	93	98	97	2	95	97	13	90
EC	31	87	85	3	60	85	20	76

CONCLUSION

GENERAL PRACTITIONERS SHOULD BE BETTER INFORMED AND BETTER TRAINED ABOUT THE PRACTICE OF THE CERVICAL SMEAR TEST LIKE IN THE NETHERLANDS AND IN THE UNITED KINGDOM.

SMOKERS AMONG GENERAL PRACTITIONERS AND AMONG THE PUBLIC

	Proportion of smokers (out of 100 people interviewed)		Proportion of smokers who would like to quit smoking (out of 100 smokers)	
	General practitioners	General public (1)	General practitioners	General population (1)
BELGIQUE/ LGIE	29%	39%	61%	55%
D. MARK	38	45	47	54
DEUTSCHLAND	25	32	52	54
ELLAS	39	42	90	69
ESPANA	45	41	60	63
FRANCE	31	35	55	66
IRELAND	20	37	50	71
ITALIA	41	33	71	77
LUXEMBOURG	36	33	67	69
NEDERLAND	29	45	40	51
PORTUGAL	39	27	77	67
UNITED KINGDOM	10	35	47	64
<u>CE</u>	<u>36</u>	<u>35</u>	<u>65</u>	<u>64</u>

(1) Euro-Baromètre nr 30, october-november 1988.

CONCLUSION

HIGH PRIORITY FOR ACTIONS FOR SMOKING PREVENTION AMONG GENERAL PRACTITIONERS, AS HAS BEEN SUCCESSFULLY DEMONSTRATED IN THE UNITED KINGDOM.