

EUROPA DONNA

Guide to Breast Health



EUROPA DONNA — The European Breast Cancer Coalition is an independent, non-profit organisation whose members are affiliated groups from 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.

About Breast Health Day – 15 October

EUROPA DONNA is launching Breast Health Day on 15 October to disseminate the information found in this Guide to Breast Health and to raise awareness of prevention and early detection of breast cancer among women and girls across Europe.

Ten goals of EUROPA DONNA – The European Breast Cancer Coalition

1. To promote the dissemination and exchange of factual, up-to-date information on breast cancer throughout Europe
2. To promote breast awareness
3. To emphasise the need for appropriate screening and early detection
4. To campaign for the provision of optimum treatment
5. To ensure provision of quality supportive care throughout and after treatment
6. To advocate appropriate training for health professionals
7. To acknowledge good practice and promote its development
8. To demand regular quality assessment of medical equipment
9. To ensure that all women understand fully any proposed treatment options, including entry into clinical trials and their right to a second opinion
10. To promote the advancement of breast cancer research

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Why is EUROPA DONNA raising awareness of breast health?

- ➔ **EUROPA DONNA – The European Breast Cancer Coalition** has member groups in 41 European countries; these groups consist of advocates, many of whom are breast cancer survivors, but all of whom are concerned with breast health and the fight against breast cancer. They are working to ensure that all women will have access to state-of-the-art breast health services. This includes improving awareness of breast health, healthy lifestyles and factors that can help women live long, healthy lives.
- ➔ Though more needs to be learned about factors influencing the health of our breasts, this guide aims to provide information concerning breast health based on results of large studies and facts published by the **International Agency for Research on Cancer (IARC)** and the **World Health Organization (WHO)** for women and girls of all ages. We now know that what we do from the youngest age can influence our future breast health.
- ➔ At an international level, WHO, through its **Resolution on Cancer Control**, is urging countries to take steps to develop programmes for prevention, treatment and cure of cancer. At a European Parliamentary level, the **Resolution on Breast Cancer** of 2006 calls for all Member States to create the conditions to improve breast cancer survival and take actions to eliminate the wide disparities in services between countries. This can be done by adhering to the *European Guidelines for Quality Assurance in Breast Cancer Screening and Diagnosis*.
- ➔ Since its founding in 1994, EUROPA DONNA has been advocating for the implementation of **mammography screening programmes** set up according to EU guidelines and continues to emphasise the need for such programmes to adhere to the EU guidelines. With this in mind, EUROPA DONNA created its *Short Guide to the European Guidelines for Quality Assurance in Breast Cancer Screening and Diagnosis*, which is a companion piece to this Guide to Breast Health.
- ➔ All screening programmes must be accompanied by **effective treatment and follow-up**, preferably provided by a multidisciplinary team. Women who are diagnosed with breast cancer must be clearly informed of their treatment options. They also need to be aware of certain lifestyle factors that may affect the chances of the disease recurring.
- ➔ EUROPA DONNA is committed to raising awareness concerning breast health; we are convinced that as women and girls take steps toward a **healthier lifestyle** and have access to appropriate programmes for **early detection and treatment** they will remain healthier.

Why is **breast health** so important?

- How we live our lives affects our health in the long term and certain **lifestyle factors** have been shown to increase the risk of getting cancer. WHO has reported that at least one-third of all cancer cases are preventable and up to 30% of cancers are probably related to diet and nutrition.
- Breast cancer is the **most common cancer** in women worldwide. In Europe it still claims the lives of more women than any other cancer.
- Although much remains to be learned about the causes of breast cancer*, some specific factors have been shown to influence risk:
 - Living a healthy, **active lifestyle, avoiding weight gain** and obesity can help maintain healthy breasts. Studies show that about one-third of breast cancer cases can be attributed to increased weight and physical inactivity.
 - **Limiting alcohol intake** can help keep breasts healthy, since high alcohol consumption can double the risk of breast cancer.
 - **Having children at a younger age**, having several and breast-feeding them also has protective effects.
 - Combined **hormone replacement therapy** (HRT) is associated with an increased risk of breast cancer. Seriously considering the pros and cons of using HRT can have a future influence on breast health.
- Participating in **population-based mammography screening programmes** can help detect potential problems early. Studies show that women who attend screening have a greater chance of surviving a breast cancer diagnosis; deaths from breast cancer are reduced by about 35% in women aged 50–69 who participate in screening.
- While studies have shown that **breast self-examination** is not necessarily effective, being aware of our breasts and changes in them can alert us to potential problems.
- Above all, paying attention to specific lifestyle factors, being breast aware and participating in a screening programme set up according to EU guidelines are the first steps toward **prolonged breast health**.

Source of above data: IARC and WHO

*Genetic factors account for approximately 5–10% of breast cancer cases, but most of the remaining cases are sporadic.

European Code Against Cancer

*EUROPA DONNA encourages women to follow the recommendations resulting from the study supported by the European Community's **Europe Against Cancer** programme. Individual lifestyle choices may influence our health and decrease our chances of developing cancer.*

Certain cancers may be avoided and general health improved if you adopt a healthier lifestyle

- Do not smoke; if you smoke, stop doing so. If you fail to stop, do not smoke in the presence of non-smokers
- Avoid obesity
- Undertake some brisk, physical activity every day
- Increase your daily intake and variety of vegetables and fruits: eat at least five servings daily. Limit your intake of foods containing fats from animal sources
- If you drink alcohol, whether beer, wine or spirits, moderate your consumption to two drinks per day if you are a man and one drink per day if you are a woman
- Care must be taken to avoid excessive sun exposure. It is specifically important to protect children and adolescents. For individuals who have a tendency to burn in the sun active protective measures must be taken throughout life
- Apply strictly regulations aimed at preventing any exposure to known cancer-causing substances. Follow advice of national radiation protection offices
- Women from 25 years of age should participate in cervical screening. This should be within programmes with quality control procedures in compliance with European Union Guidelines for Quality Assurance in Cervical Screening
- Women from 50 years of age should participate in breast screening. This should be within programmes with quality control procedures in compliance with European Union Guidelines for Quality Assurance in Mammography Screening
- Men and women from 50 years of age should participate in colorectal screening. This should be within programmes with built-in quality assurance procedures
- Participate in vaccination programmes against Hepatitis B Virus infection

www.cancercode.org, Third version (2003)

Be breast aware

*While recent studies indicate that breast self-examination does not reduce deaths from breast cancer, EUROPA DONNA encourages women to be familiar with their breasts and to seek medical advice if they detect any unusual changes**

Check for unusual changes

It is quite normal for most women to notice changes in their breasts during their monthly cycle – but only you know what is normal for you. It makes good sense to be Breast Aware and check your breasts periodically. You can take convenient opportunities such as bathing or dressing to become familiar with your breasts by looking at them and touching them. This will help in noticing any changes or abnormalities (usually a lump) sooner and you will increase your general awareness of what is changing in your body and know what to have checked.

Check for

- A change in size or contour, or position of the nipple
- Obvious lumps or thickening, puckering or dimpling of the skin
- Veins which are more prominent than usual
- Inflammation or rash on the breast
- Blood or discharge from the nipple
- New sensation – particularly if only in one breast



Check it out

If you notice anything unusual, see your doctor. Remember, 9 out of 10 lumps are harmless. The breast is often naturally lumpy as a result of normal glandular changes.

*For women between the ages of 50 and 69 participating in a mammography screening programme set up according to EU guidelines is the most important method of early detection.

Lifestyle and breast cancer

There is growing evidence of the link between lifestyle factors and breast cancer. EUROPA DONNA encourages women to take charge of their own health and to make lifestyle choices now that could protect them later. Healthy living helps protect us against numerous diseases.



Women should pursue a health strategy that will reduce the known breast cancer risk factors as much as possible, including avoiding obesity and weight gain, increasing physical activity and managing lifestyle choices. IARC estimates that excess body weight and physical inactivity account for approximately 25–33% of breast cancer cases.

Obesity and weight gain

Recent studies indicate that women who avoid being overweight reduce their risk of postmenopausal breast cancer. This risk is independent of the effect of physical activity. It is important for women to limit their weight gain in adult life and maintain a body mass index (BMI) of 18.5–24.9 (see BMI chart below). Postmenopausal overweight/obesity is associated with an increased risk of breast cancer.

- A large amount of abdominal fat may increase the risk of breast cancer.
- Obese women tend to have more abnormal mammography readings than non-obese women.

Body mass index (BMI)

Being overweight with a BMI (see chart below) of 25 or higher, or obese with a BMI of 30 or greater, points to an increased risk of developing postmenopausal breast cancer. Women who have already had breast cancer may help reduce their risk of further problems by keeping their weight within the normal range.

Calculating your body mass index

$$\text{BMI} = \frac{\text{weight in Kgs}}{\text{height in metres}^2}$$

Underweight	<18.50
Normal range	18.50 – 24.99
Overweight	≥25.00
Obese	≥30.00

Lifestyle and breast cancer

Physical activity

Growing evidence supports that there is a protective association between physical activity and breast cancer, preferably over a lifetime, but probably beneficial even if begun after menopause.

- Regular physical activity reduces the risk of breast cancer
- Inactivity is estimated to cause 10–16% of all breast cancer cases
- Inactivity coupled with excess body weight account for nearly 33% of all breast cancer cases*

Women should:

- Stay healthy and active
- Engage in moderate exercise for at least 30–60 minutes every day

** The benefit of physical activity in reducing the chance of developing breast cancer is independent of the risk factor associated with body weight.*

Restricting alcohol intake

- Restrict alcohol intake to not more than one drink per day (*i.e.*, 10 grams or less per day. A glass of beer, wine or spirits corresponds to 8–10 grams of ethanol)

Nutrition

While studies have not linked specific diets to breast cancer risk, nutrition is still important.

- Eat a well-balanced diet (daily intake of fat should not exceed 30%)
- Include fresh fruit and vegetables in your daily food choices
- Eat the right amount to maintain a healthy weight
- Limit red meat consumption

Other considerations

While there has not been a direct link found between active smoking and breast cancer, not smoking cigarettes and minimizing exposure to second-hand smoke is beneficial for multiple health reasons. Smoking is directly linked to numerous types of cancer and other illnesses.



Hormone replacement therapy (HRT), contraceptives and breast cancer

*A number of published studies show an increased risk of breast cancer in women who use HRT. EUROPA DONNA has published a **Statement on HRT** and believes women should be informed of these risks and should discuss any decisions related to taking HRT in detail with their physicians. Younger women should also be aware of the risks of taking oral contraceptives.*

About HRT

Hormonal Replacement Therapy (HRT) is a common therapy offered to women to treat menopausal symptoms. HRT reduces the symptoms that are caused by menopause, maintains bone density in post-menopausal women and decreases the risk of bone fractures caused by osteoporosis during period of use.

HRT and breast cancer risk

Based on evidence from various studies, the Women's Health Initiative (www.nih.gov/PHTindex.htm or www.whi.org) and the Million Women Study (www.millionwomenstudy.org), there is a very clear connection between HRT and the risk of developing breast cancer. The Million Women Study found that current users of HRT at recruitment were more likely than never users to develop breast cancer (adjusted relative risk 1.66) (see Lancet 2003; 362: 419-27). The above mentioned studies indicate that the breast cancer risk increases the longer HRT is taken.

An IARC evaluation of cancer risk and HRT concluded that combined oestrogen-progestogen therapy is carcinogenic. This is based on the numerous studies consistently reporting an increased risk of breast cancer in women who currently use or have recently used combined estrogen-progestogen therapy.

For women who do not have a history of breast cancer it is advisable to discuss the risks and benefits of taking HRT with your doctor in order to make an informed decision as to whether HRT is right for you. It is further recommended that you review your current treatments with your doctor on a regular basis to know if they are still your best option. If you opt for HRT, ask to take the lowest effective dose for the shortest amount of time needed to treat your symptoms.

HRT is generally not recommended if you have a history of breast cancer as HRT may increase your risk of a recurrence of breast cancer (see Lancet 2004; 363: 453-5). Any decision to take HRT should, therefore, be discussed in detail with your physician.

Oral contraceptives and breast cancer

An IARC evaluation of the cancer risk with oral contraceptive use concluded: "There is sufficient evidence in humans for the carcinogenicity of combined oral oestrogen-progestogen contraceptives. This evaluation was made on the basis of increased risks for cancer of the breast among current and recent users only."

About mammography screening

EUROPA DONNA advocates for population-based mammography screening programmes adhering to the European Guidelines for Quality Assurance in Breast Cancer Screening and Diagnosis. Attending screening has been shown to reduce the number of deaths from breast cancer by up to 35% for women between the ages of 50 and 69.



- Mammography is widely accepted as the best method to spot breast cancer early, before it becomes detectable to the touch. When you have a mammogram, a radiographer places your breast between two large plates on the mammography machine. These plates compress the breast while an X-ray is taken. Although compression can be uncomfortable, it is necessary to create good, readable images, to reduce blur, to spread out the tissue and to reduce the dose of radiation. The radiographer should take two pictures of each breast, one from top to bottom and the other from side to side.
- Once the mammograms are taken, they are read by a radiologist. The *European Guidelines for Quality Assurance in Breast Cancer Screening and Diagnosis* recommend that each mammogram should be read by two separate radiologists.
- Mammograms can be taken on film, like a photograph, or using a digital system, where your files can be stored in a computer. If you have already had a mammogram, the radiologist should compare the previous films or files with the current ones to check for any changes in your breasts.
- Ultrasound may also be used to obtain further images, particularly if you are younger or have dense breasts.
- If you are between the ages of 50 and 69, you should receive an invitation for mammography screening every two years as part of a screening programme offered by your public health system. This is stipulated in the European Guidelines and is in keeping with both IARC recommendations and the European Council Recommendation on Cancer Screening.
- Mammography screening should be carried out in conjunction with a specialist breast unit, as stipulated in the European Guidelines, to ensure access to a multidisciplinary team for diagnosis and treatment if necessary.
- The First Report on the Implementation of the Council Recommendation on Cancer Screening published in June 2008 states that in 2007 population-based screening programmes were running or being established in 22 EU Member States (Austria, Belgium, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Hungary, Ireland, Italy, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Slovenia, Spain, Sweden, and the United Kingdom). The full report can be found at http://ec.europa.eu/health/ph_determinants/genetics/documents/cancer_screening.pdf.
- If population-based mammography screening does not yet exist in your country or area, you should discuss your options with your physician.

Some questions women should ask when having a mammogram

(This list is certainly not comprehensive, but can be used as a guide in preparing your own list of questions)

1. Does the mammography facility follow a quality assurance programme that meets EU quality standards* or the equivalent?
2. How many mammograms does this facility perform each year?
3. Will my mammogram be conventional (X-ray film) or digital?
4. Are all mammograms read by two separate radiologists?
5. Is the person who takes the mammogram a registered radiographer specialised in mammography?
6. Does the radiologist who reads the mammograms have extensive experience, *i.e.*, does he/she read at least 5,000 mammograms per year?
7. Is the mammography equipment technically controlled and calibrated on a regular basis (*i.e.*, at least once a year)?
8. How and when will the results be available? (Ideally they should be ready in less than 5 working days.)
9. If the results indicate a problem, will I be notified, and if so, within what time frame? (Ideally this information should be provided in less than 5 working days in person in the presence of a nurse counsellor.)
10. Is there another procedure, other than a mammogram, that is more reliable for my specific situation (*e.g.*, pregnancy, breast implants, under the age of 35)?



*As described in the *European Guidelines for Quality Assurance in Breast Cancer Screening and Diagnosis*, 4th Edition, published by the European Commission, 2006.

Women under 40 and breast cancer

EUROPA DONNA recognises the need to raise awareness concerning younger women and breast cancer.

Since approximately 5–7% of breast cancers occur in women younger than 40 years of age, young women should be informed about the risks of breast cancer and be aware of the recommendations listed in the European Code Against Cancer.

It is important that women, from an early age, become breast aware (see *Be Breast Aware* section). You can take convenient opportunities such as bathing or dressing to become familiar with your breasts by looking at them and touching them. This will help in noticing any changes or abnormalities (usually a lump) sooner. Even though most breast lumps are harmless, it is important to inform your physician of any changes without delay. Starting at an early age you should have regular clinical breast exams performed by a health care professional.

A younger woman's body has hormonal and biological characteristics which differ from those of older women. A typical consequence of this is denser breast tissue, which makes mammography less sensitive and specific for detecting early cancer. Ultrasound might be more effective in the diagnosis of breast cancer in younger women.

Young women with a family history of breast and/or ovarian cancer should be aware of the higher risks of developing breast cancer and make arrangements with their physician for regular and appropriate check-ups.

10 questions young women should ask their doctor following a diagnosis of breast cancer:

1. How does breast cancer treatment differ in younger women?
2. What kind of breast cancer do I have and how aggressive is it?
3. Could this breast cancer treatment cause early menopause? If so, what are the consequences?
4. How can I preserve my fertility? Will I be able to have children of my own in the future?
5. If I wish to get pregnant after breast cancer, when is the best time to consider this?
6. What are the treatment options if breast cancer is diagnosed during pregnancy?
7. Will breast cancer during pregnancy or its treatment affect my unborn child?
8. Will I be able to breast-feed?
9. Should I have genetic testing to determine if I carry a breast cancer gene?
10. Are there any clinical trials for young women and would I be eligible to participate?

Some questions women diagnosed with breast cancer might want to ask their doctors



Being diagnosed with breast cancer is a difficult, life-altering experience, and the treatment options can seem overwhelming. Below are some questions that may help you in preparing your own list of questions.

1. What kind of breast cancer do I have and is it invasive?
2. What are my treatment options and what treatment do you recommend?
3. Is the treatment you are recommending standard practice in cases such as mine? How quickly do I need to begin treatment and can I get a second opinion?
4. Will I require further treatment after surgery, e.g., radiation therapy, chemotherapy, hormonal therapy, rehabilitation therapy or a combination of these or other therapies?
5. What are the risks associated with each type of treatment and what are the possible side effects?
6. Can I be treated in a specialist breast unit by a team that includes a breast surgeon, medical oncologist, breast nurse, radiation oncologist and psychologist?
7. If no such specialised unit is available to me, how many breast cancer patients are treated annually in the hospital you are recommending?
8. How will treatment affect my ability to function in every day life and when will I be able to resume normal activities such as work, etc.?
9. What literature, websites, and support groups would you recommend?
10. How do clinical trials work? Would you recommend I participate in one?

Clinical trials and breast cancer

*Randomised clinical trials are the safest way to evaluate new medicines and procedures that may be more valuable in helping save lives. Obstacles to the participation both for patients and clinicians should be minimised. EUROPA DONNA promotes awareness and dissemination of information about clinical trials, but any decision to participate in a trial should be discussed with your doctor. See also the EUROPA DONNA booklet **Clinical Trials and Breast Cancer** for more information.*

A clinical trial is a study done in humans to try a new therapy, procedure or method for preventing, diagnosing or treating cancer. Some studies examine more comprehensive health care strategies for former and current cancer patients. Both healthy women and women with breast cancer can participate in breast cancer clinical trials.



Clinical trials in humans are begun only after studies in the laboratory (*in vitro*) and trials with animals have shown that the new therapy is safe and effective. Each type of clinical trial is designed to answer a specific set of questions.

Treatment trials are classified by phases: if the results of a trial are satisfactory, a new trial is designed to answer the questions for the next phase.

A **Phase I** trial studies a very small number of usually healthy subjects to assess the new treatment's safety for humans and to evaluate side effects. In this part of the study researchers discover the appropriate dose and the best method for delivering the new treatment (*e.g.*, if a new drug should be given by mouth, or injected into the bloodstream or muscle).

A **Phase II** trial continues to evaluate the new treatment's safety in larger groups, and it determines how effective the treatment is.

A **Phase III** trial studies the new treatment's efficacy compared to standard, existing treatment(s). Phase III trials enrol large numbers of participants; each person is usually assigned by chance (randomised selection) to use the standard treatment(s) or the new treatment.

Researchers may also conduct follow-up studies, sometimes referred to as **Phase IV** trials. This type of study examines additional long-term effects of a treatment, such as its interactions with other treatments or its effect in specific patient populations. Pharmaceutical company studies of this type are known as post-market research (pharmacovigilance).

Clinical trials and breast cancer

Treatment trials test a new therapy (a drug, surgical procedure or radiation therapy, gene therapy, or a combination of these therapies) to treat cancer. Prevention trials test a new method to lower the risk of a type of cancer occurring. Screening trials test ways to diagnose cancer sooner, in the early stages of the disease. Quality of life (QoL) trials examine ways to support cancer patients and their families and to improve their comfort and enhance their quality of life.

The clinical trial researchers develop the study protocol. This is the plan for the clinical trial that explains the reasons for conducting the trial, describes the new treatment being tested and defines the guidelines for participation. The protocol states what information will be gathered for each participant, including the description of medical tests participants will be asked to take. The protocol should also describe how the study information will be used and who will have access to the information gathered. A statement of privacy protecting the participants should also be included in the protocol.

Each prospective participant should be given an informed consent document, which summarises the study protocol and explains the participant's rights. This document should be considered carefully, as it establishes the basis for communication between the participant and the study team. The informed consent process ensures that participants are provided with any and all new information regarding their treatment during and following the actual trial. This process encourages the participants to communicate concerns throughout the study and after the study ends.

Although your doctor must sponsor your enrolment in any clinical trial, your participation is always voluntary and you are free to leave the trial at any time, even after you have signed the informed consent document.

Some questions you might want to ask your doctor about clinical trials

While not comprehensive, this list may help in preparing your own questions.

1. Will you help me evaluate a potentially appropriate clinical trial by reviewing the study protocol with me?
2. How will participation in this trial affect my current care?
3. How will you monitor my care if I decide to participate in a trial?
4. Who is conducting and sponsoring the trial?
5. What medical tests will I be expected to have during the trial?
6. What are the potential benefits and risks to participating in this trial?
7. Who will help me evaluate the informed consent document and process?
8. Does anyone receive compensation of any kind if I decide to participate?
9. How will my care be affected if I decide to leave the trial?
10. Who will be responsible for the medical care costs during and after the study?
11. How will the results be presented at the end of the study?
12. Who will have access to the information collected?

About breast cancer advocacy

EUROPA DONNA — The European Breast Cancer Coalition is committed to helping European women become advocates in fighting breast cancer in their own countries. We train breast cancer advocates from our member countries at our annual Advocacy Training Course, supported by the European Union. Our aim is to ensure that all women have equal access to accurate up-to-date information on breast cancer and to state-of-the-art breast cancer services wherever they live. Our advocates and member organisations participate in and hold activities all over Europe to raise awareness of breast cancer among women and policy makers.



The following are the main advocacy priorities on which we are working to carry out our mission:

Implementation of the European Guidelines for Quality Assurance in Breast Cancer Screening and Diagnosis across Europe. The 4th edition of these guidelines, published by the European Commission in 2006, are the mainstay of our advocacy activities. They set clear quality standards for all aspects of screening and diagnosis.

Implementation of specialist breast units across Europe. All women should be treated in a specialist breast unit, by a multidisciplinary team, as stipulated in the European guidelines.

Recognition and agreement on the part of all EU Member States to apply the European Parliament Resolution on Breast Cancer in the Enlarged European Union. Adopted in October 2006, this Resolution calls for every woman in the EU, regardless of her place of residence, social status, occupation or education to have access to high-quality screening, treatment and aftercare for breast cancer, in compliance with the European guidelines.

Adherence of all countries to the Council Recommendation on Cancer Screening. This EU document contains recommendations for Member States to implement screening programmes according to the European Guidelines. The first report on the implementation of the Council Recommendation was published in 2008 and is available at ec.europa.eu/health-eu/health_problems/cancer/index_en.htm (See *Early detection of cancer through screening*).

Advancement of breast cancer research. EUROPA DONNA is a member of a research consortia and trial committees, and promotes awareness and dissemination of information about clinical trials.

Implementation of national breast cancer registries. Reliable data on breast cancer are needed to determine the effectiveness of any prevention, screening or research strategies. The European Parliament Resolution on Breast Cancer in the Enlarged European Union points to the need for such registries in all Member States.

Some questions to ask your elected representatives

The following questions may be used as a guide to help advocates in their dialogue with legislators and their ongoing campaign to raise public awareness about this disease.



1. How many women in our region/country are diagnosed with breast cancer each year and what percentage of these women are alive and well five years later?
2. How many women in our region/country die from breast cancer each year and is this figure going up or down?
3. How much money is spent on breast cancer services in our region/country?
4. What percentage of the national expenditure on health care is targeted to breast cancer services?
5. Are there national guidelines for standards of care for breast cancer and are you aware of the recommendations of the European guidelines?
6. Are there specialist breast units in our country/region? How many and what proportion of the population do they serve?
7. Is there a national population-based breast cancer screening programme?
8. Does the national health service cover payment for all aspects of breast cancer care including chemotherapy, targeted therapy (or anti-HER2 therapy) and prescription drugs?
9. Do all women in our country have equal access to quality breast cancer care, including screening, diagnosis, and treatment regardless of region, social class and income?
10. Does a public education programme exist to educate all women about this illness and to ensure they are knowledgeable about breast awareness and appropriate screening programmes?

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