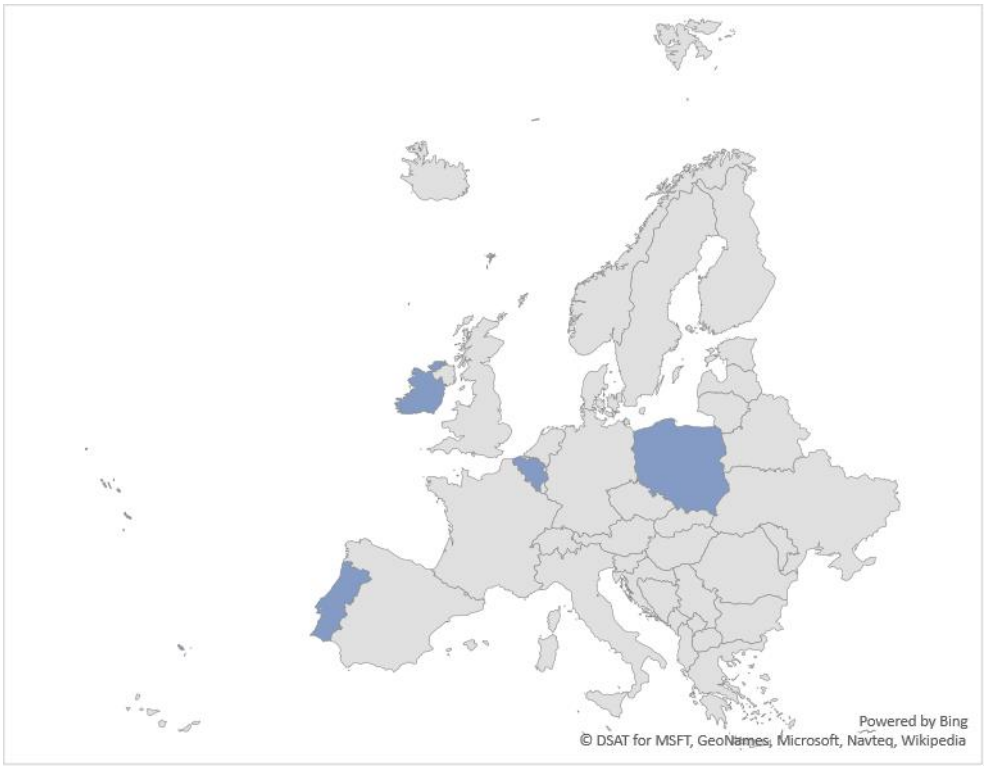
Association of European Cancer Leagues (ECL)

Site Visits Report



December 2016

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Executive Summary

The Association of European Cancer Leagues (ECL) was created in 1980 with the aim of uniting the national and local cancer societies of the European region around common goals and priorities. At the centre of this work from the outset has been mission to prevent cancer by informing the public of cancer risk factors, and actions that can be taken, at individual and societal levels, to mitigate this risk.

Since its creation in 1987, the European Code Against Cancer (ECAC) has been the most important reference for informing cancer prevention activities in Europe. ECAC offers the public 12 evidence-based recommendations, which can be understood and followed without any special skills or advice.

Cancer leagues the breadth of Europe have tirelessly promoted ECAC to citizens and political decision-makers for the past 30 years. In order capture insights into effective methods for communicating ECAC, ECL conducted a series of site visits to several cancer organisations whom are particularly active in disseminating ECAC.

The aim of the visits was to get first-hand insights into the practical realities of communicating the ECAC and associated primary prevention initiatives. The main objectives of the visits are to identify good practice in communicating the ECAC; learn about the methods used by host sites; and collect relevant information during the visit that can support the transferral or scaling-up of good practice.

In total, 4 site visits were conducted between November 2015 and December 2016. The host organisations of these visits were:

- The Irish Cancer Society (November 2015 – pilot site visit);
- The Marie Skłodowska Curie Memorial Cancer Centre and Institute of Oncology (March 2016);
- The Portuguese League Against Cancer (November 2016);
- The Belgian Foundation Against Cancer (December 2016).

The site visit process proved to be a highly rewarding and useful method for the ECL secretariat to identify best practices for communicating ECAC and to understand the prioritisation, of the host organisations.

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Reflecting on the learning provided by the site visits and the information accumulated from each of the highly informative visits, the following remarks can be made:

- **Collaborations are essential for the effective dissemination of ECAC** – leagues have shown excellent work in collaborating with the education sector and health professionals to promote ECAC in schools and healthcare settings. One of the challenges that remains is to integrate the ECAC into the curriculum of healthcare professionals in training;

- **Cooperation with governmental level is fundamental to enact the recommendations** – the host organisations commonly pilot actions and then encourage the governmental level to take over and scale up the activities. This approach has worked well but may come under strain given restricted financial resources for health systems;

- **ECAC can and has been well promoted as comprehensive package** – the visits demonstrated examples of how leagues have attempted to communicate the ECAC in comprehensive way. The possibility of replicated successful actions between countries, such as the *Prolongitudine* campaign, should be explored and supported via ECL. However, sensitivity must be given to cultural and other contextual factors. The diversity within Europe is a major limiting factor to developing and implementing a consistent Europe-wide communication of ECAC;

- **Evaluation methods for ECAC commonly used by cancer leagues should be shared between peers** – the site visits demonstrated the important measures taken to evaluate the respective cancer prevention actions of the host organisations. This knowledge and skill base could be turned towards providing reliable feedback mechanisms from the general population, via cancer leagues, about the impact and appreciation of ECAC as implemented across Europe;

- **There are difficulties with communicating and action upon the wider health determinants addressed by ECAC** – cancer leagues are experts in taking action on the major risk factors for cancer, as shown in the work undertaken in tobacco control. However, those risks for factors cancers at a more distal level present very specific communication challenges, for example in the ECAC message concerning radon exposure. Therefore, ECL should use its network capacity to identify and promote amongst cancer leagues examples of good practice undertaken on the environmental risks;

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- **Successful communication makes best use of existing assets** – all host organisations presented several examples of where the assets of the organisation (ranging from initiatives such as “Relay or Life”, the organisation of cancer screening services, or the army of volunteers supporting the leagues) are used to simultaneously promote ECAC. This approach has proved to be a highly effective strategy and could potentially be further mainstreamed across all actions. There is great potential in exploring how primary prevention (operationalised by the communication of ECAC) can be accommodating inside secondary prevention (via organised cancer screening programmes), and ultimately in tertiary prevention. Leagues with the capacity to pilot such initiatives should encouraged to so and cooperate with peers in other cancer leagues from an early stage.

The visits highlighted the varying inventive methods leagues have adopted to promote ECAC. These actions display the strengths of each host organisation and serve as a reminder of the diverse possibilities available to promote health in the specific cultural and political contexts in which these organisations operate.

Nonetheless, all societies within Europe face the same public health challenges of ageing populations, couple with rising burden of chronic illness. This emphasises the need for collective and sustained efforts to prevent cancer by putting into action the recommendations of ECAC at individual and population levels.

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Introduction

The Association of European Cancer Leagues (ECL) was created in 1980 with the aim of uniting the national and local cancer societies of the European region around common goals and priorities. The objectives of ECL are to improve communication and foster collaborative activities between European cancer leagues and organisations that are members of the ECL. As of December 2016, ECL has 26 members from 23 European countries.

The membership of ECL have been highly active in promoting the European Code Against Cancer (hereafter, ECAC) since its creation in 1987. ECAC is an initiative of the European Commission to inform people about actions they can take for themselves or their families to reduce their risk of cancer. ECAC is comprised of 12 evidence-based recommendations, coordinated by leading scientists in Europe, which the public can understand and follow without any special skills or advice.

Following the publication of the latest edition of ECAC in 2014, ECL signed a strategic grant agreement under the 3rd Health Programme (2014-2020) of the European Union (EU), which included the specific mandate to communicate ECAC in collaboration with the national and regional members of ECL.

Successful dissemination relies upon understanding the various barriers and success factors experienced by cancer leagues at national and regional levels when promoting the ECAC. In its function as a network of cancer societies, ECL's mission is, therefore, to investigate the supporting and limiting factors to effective dissemination of the Code; share this knowledge and relevant experiences amongst cancer leagues; and make available resources to help improve the awareness levels of the ECAC at local, national, and international levels.

To support this objective, ECL has carried out several 'site visits' to cancer leagues whom are particularly active in the communication of ECAC. This process involved at least one member of the ECL secretariat visiting the main centres of several cancer leagues to meet directly with staff members, and discuss ECAC-related activities. This report presents a narrative description of the site visits that took place between November 2015 to December 2016.

Aims & objectives

The aim of the visits is for the ECL secretariat to get first-hand insights into the practical realities of communicating the ECAC and associated primary prevention initiatives. Where possible, the site visit also aimed to appreciate the perspective of the citizen (as they are the target group for ECAC) by conducting a short field visit to a facility of the host league that is open to the public.

The main objectives of the visits are to identify good practice in communicating the ECAC; learn about the methods used by host sites; collect relevant information during the visit that can support the transferral or scaling-up of good practice; and to produce a report following each visit. This report complies the summaries of the visits into a single document.

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Method

To minimise the burden on host leagues, the site visits lasted up to 6 working hours in total. This was either condensed into one day, or over two days (afternoon and following morning) if appropriate.

A template agenda was proposed by the ECL secretariat suggesting the timing, duration, and basic themes of the visit. This included the following items:

- Overview of cancer burden in host country or region;
- Presentation of effective practice in cancer prevention;
- Presentation of specific examples of how the European Code Against Cancer has been communicated;
- Field visit to publicly accessible centre of work, or satellite site.

Host leagues were asked to complete this template with their preferences (for illustration, see Annex 1: agenda for the pilot site visit). Other items are possible and remain at the discretion of the host.

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Irish Cancer Society, November 2015 (pilot site visit)

Background

A pilot site visit took place in November 2015 at the Irish Cancer Society (hereafter, ICS) in Dublin. ICS was selected as from the launch of the 4th edition of ECAC in October 2014 until September 2015, the 4th edition of ECAC was only available officially in the English language. Countries and regions with English as a national language had, therefore, the opportunity to promote the 4th edition at an earlier stage than those without English as a national language.

ICS is well known in the cancer prevention community for its actions to promote ECAC since the late 1980s. This experience would allow the activities of ICS to act as a reference point for the subsequent site visits.

About ICS

The Irish Cancer Society was formed in 1963. Since its foundation, ICS has grown into the national charity for cancer care, the leading provider of all information relating to cancer prevention, detection, treatment, and support. ICS also advocates for improvements in cancer services and we are the largest voluntary funded of innovative cancer research in Ireland. ICS is one the largest funders of cancer research in Ireland, having invested more than €30 million from voluntary donations.

The vision of ICS is that every person in Ireland will have access to the best possible cancer services, and will have the lowest risk of getting cancer, the highest survival rates and the best support and information available when affected by cancer.

ICS relies on public goodwill and support to resource its activities, with 94% of the income coming directly from public donations.

Summary of site visit

The programme of the site visit focused on the following core issues:

- Overview of primary and secondary prevention actions;
- Detailed examples of the advocacy work of ICS;
- Evidence of good practice in communicating the ECAC;

The agenda of this site visit can be found in Annex 1.

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- **Cancer burden in Ireland**

Cancer Prevention Manager, Kevin O'Hagan, set the context for ICS's activities by demonstrating the current and projected future cancer burden in the Republic of Ireland.

In 2010 the total number of cancer cases in Ireland were 56% higher than those in 1994, which is equivalent to an annual percentage increase in incidence of 1.1% for females and 1.2% in males. Yet, during this same period cancer mortality has declined by 1% for men and 1.4% for women.

Despite the clear improvement in cancer mortality, over 25% of all annual deaths in Ireland are due to some form of cancer. This makes cancer the second most common cause of death in the country.

Further information on cancer epidemiology in Ireland can be seen in table 1.

Table 1: Cancer epidemiology in Ireland – acknowledgement **Kevin O'Hagan, Irish Cancer Society**

	WOMEN	MEN
Annual % incidence increase	+ 1.1%	+ 1.2%
Projected Increase 2010 — 2040	+ 84%	+ 107%
Most common cancer (per annum)	Breast (2797) 31.6%	Prostate (3014) 30.7%
2nd most common cancer (per annum)	Colorectal (998) 11.4%	Colorectal (1389) 14.2%
3rd most common cancer (per annum)	Lung (879) 10%	Lung (2110) 12.5%
Cumulative lifetime risk of death from cancer	1 in 10	1 in 8 *(35% higher)*
Cancer Survivors in Ireland after 5 years (N.128,000)	40%	47%
Life Time Risk	**1 in 4**	**1 in 3**

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A major area of concern is the projected increase of cancer incidence in both sexes by 2040. The dramatic increase in cancer incidence occurs in parallel with an ageing population (during the next 30 years, the number of people aged 65 and over will increase by ~300% to 1.5m), which is significant as the average for cancer diagnosis is 65.

To further compound the issue, 6 in 10 adults are currently obese, whilst childhood obesity rates stand at approximately 25%, meaning that much greater emphasis must be placed on cancer prevention and health promotion today.

- **Primary and secondary prevention actions**

In response to the increasing cancer burden, ICS adapted its organisational strategy to change the narrative on cancer from one of coping with the disease, to a more positive approach focusing on overcoming cancer entirely.

This strategy encompasses four strategic goals:

1. Reduce the risk of cancer;
2. Improve lives;
3. Lead excellent collaborative research;
4. Inform and influence public policy.

Targets have been set to operationalise each goal during the 4-year period of the strategic plan. For the goal of reducing the risk of cancer, these include:

- Establish “cancer action communities” in two communities by 2014, to be rolled out to two further communities in 2015 and two in 2016, following evaluation;
- **Introduce innovative, evidence-based cancer prevention programmes for targeted population groups in the area of smoking and lifestyle, including diet and physical activity, UV protection and alcohol, informed by independent qualitative and quantitative evaluation;**
- Resourcing and support of communities to become smoke-free environments;
- A reduction in smoking prevalence nationally to 15% in adults and 7% in young people by 2017.

These targets are both heavily influenced by, and supportive of the operationalising of the recommendations of ECAC. This illustrates the importance of ECAC for informing the strategic direction of organisations active in cancer prevention, and the value of cancer leagues of putting into practice the knowledge captured by ECAC.

To demonstrate how ICS is working to achieve these targets, staff members directly involved in implementation presented examples of good practice:

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- **X-Hale –** X-hale is a youth advocacy programme highlighting awareness of the dangers of smoking. The initiative involves a short film competition that seeks to engage and empower young people to actively promote important messages about smoking, and its consequences, to other young people.
  In the process, the initiative enables young people to explore the power of the tobacco industry, and understand the role pf peer pressure in smoking initiation amongst young people. One entry enjoyed huge success online achieving over 70,000 views on YouTube.
  For more information, please visit: http://www.cancer.ie/prevention/X-HALE.

- **We Can Quit –** We Can Quit is a group-based smoking cessation service for young women in disadvantaged areas. The initiative has a health and wellbeing module that is based on the messages of the European Code Against Cancer.
  For further information, please visit: http://www.cancer.ie/we-can-quit.

- **Fit for Work & Life –** Fit for Work & Life is a community programme introducing healthy lifestyle and cancer prevention messages into employability programmes. The purpose of the programme is to help participants to navigate their way through the many confusing and often conflicting messages about health and what it means to lead a healthy lifestyle.
  The Irish Cancer Society has designed the 12-week health and well-being programme based on the European Code against Cancer and the Ottawa Charter of Health Promotion.
  For more information, please visit: http://www.cancer.ie/reduce-your-risk/community/fit-for-work-life#sthash.8UoEaQH1.dpbs

- **PREVENT –** PREVENT is a volunteer-delivered community programme highlighting cancer prevention and early detection of cancer. Volunteers receive training over a six-month period and then go on to commit to one year volunteering with the programme.
  One of the key topics the volunteers can focus their training upon is the core messages of the European Code Against Cancer.
  See more at: http://www.cancer.ie/reduce-your-risk/prevent-programme#sthash.Jcai9F2A.dpbs.

- **SUNSMART –** SUNSMART promotes awareness and action of measures designed to protect skin from UV exposure. As such the campaign focuses specifically on the important message from the ECAC: “avoid too much sun ….”.
  More information is available at: http://www.cancer.ie/reduce-your-risk/sunsmart.

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- **Advocacy and communication**

ICS places a strong emphasis on informing and influencing public policy, and uses the science behind ECAC as an evidence-base to support its advocacy work. At the time of the visit, the 10-year national cancer plan for the Republic of Ireland was ending. Consequently, the advocacy priorities of ICS were focused on the renewal of the national cancer plan, ensuring that prevention received significant attention. For this process, the 4th edition of the ECAC has been an indispensable tool to inform policymakers about the importance of primary and secondary cancer prevention.

Across all of ICS's advocacy work is a strong awareness and appreciation of the topic of health inequalities, as those with a lower socio-economic status in Irish society are three times more likely to die of cancer than more affluent members of the population.

ICS takes the approach of developing community level actions (such as those identified in the examples of good practice) and then actively encourages the governmental actors to adopt this work, systematising it at a national scale. Such an approach is an effective way to get projects tackling health inequalities off the ground, as it provides proof of concept via the initial community-level work.

The Irish Cancer Society uses its strong name recognition to publish key reports that are designed to shape the policy debate at a national level. The most recent example of this is the **"The Real Cost of Cancer"** publication, which highlights the financial impact of a cancer diagnosis on families. According to the report, the average extra spend per month for a cancer patient is €862, even for patients with a medical card or private health insurance. Those who cannot work, work less, or lose income as a result of having cancer face an income drop averaging €1,400 a month, or €16,750 per year.

Other advocacy successes and ongoing campaigns include:

- Support for standardised packaging of cigarettes;
- Campaign for a minimum unit pricing for alcohol;
- Advocating for an age range extension of the population-based organised breast cancer screening programme.

These examples illustrate how ICS uses the recommendations of ECAC to inform governmental actions and policies.

Turning to the communications perspective, prevention is viewed as a challenge to communicate as it is often seen as secondary news item. Consequently, trying to pitch the ECAC to journalists and other media establishments is a difficult proposition.

The long-standing relationships developed by ICS with the media ensure that the society is regularly contacted for viewpoints on news issues relating to chronic illness. On such occasions when the society is approached by the media on a relevant issue (e.g. the carcinogenic classification of red

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and processed meat announcement by the International Agency for Research on Cancer [IARC] in 2015), ICS will very often refer directly to the evidence-base provided by ECAC.

ICS also maintains strong relationships with other NGOs, especially those working on common risk factors, and with key influencers, such as well-known celebrities. ICS has found that its messages are considerably amplified by making the most of the public platform enjoyed by well-known figures and influencers. It is also important to target appropriately the information that is being communicated by carefully selecting the right media outlet for the message.

Containing more than 700 pages of cancer information, ICS's official website is at the heart of the communications work of the society. The website is viewed as the 'digital shop window' for the society, and so must be easy to navigate for the wide variety of audiences visiting the site. At the time of the visit, the main website was undergoing a process of re-branding and renewal to include more prevention-oriented material.

- **Communicating ECAC**

Although ICS has a long tradition of using ECAC to inform its prevention work, it has only been with the 4th edition that ICS has communicated ECAC a single comprehensive product. The improved formulation of the messages within the current edition of the ECAC, and the selection of 12 messages (as opposed to 11 in the previous edition), accounts for this change of approach.

ICS has developed various communication tools used to promote the 4th edition of the ECAC (Table 2). The experience of presenting the ECAC via an infographic has produced very favourable results to date, and has led to the infographic being reproduced in other formats, including an adaptation by cancer Focus Northern Ireland (Figure 1).

Table 2: Examples of ECAC communication tools

Product	Description	Link
Video	60 second video explaining ECAC which was displayed in GP practices in Ireland.	https://www.youtube.com/watch?v=N5SyYB55uvM
Infographic	Colourful and engaging pictorial representation of the 12 messages covered by the 4th edition of the Code.	http://www.cancer.ie/sites/default/files/content-attachments/ics_12_ways_a3_web.pdf
Promotional materials	Information on ECAC (building on the design established for the infographic) is presented in bookmark, leaflet, and poster form. Information on ECAC provided in some form across much of the literature produced by ICS.	http://www.cancer.ie/publications/reduce-your-risk#sthash.SCCCQRGI.dpbs

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This saved Cancer Focus precious time and resources, allowing them to promote ECAC much faster. The nature of the all-Ireland collaboration itself drew attention to the infographic, and highlights an effective way in which cancer leagues can share resources.

ICS prominently displaying their ECAC communication tools in various healthcare settings. The infographic can be found in various formats at the ICS's Daffodil Centres, which provide cancer information, support and advice in local hospitals (Figure 2).

In addition, the information video explaining the ECAC in 60 seconds was screened in GP practices across the whole country.

Figure 1 : Cancer Focus NI ECAC Infographic

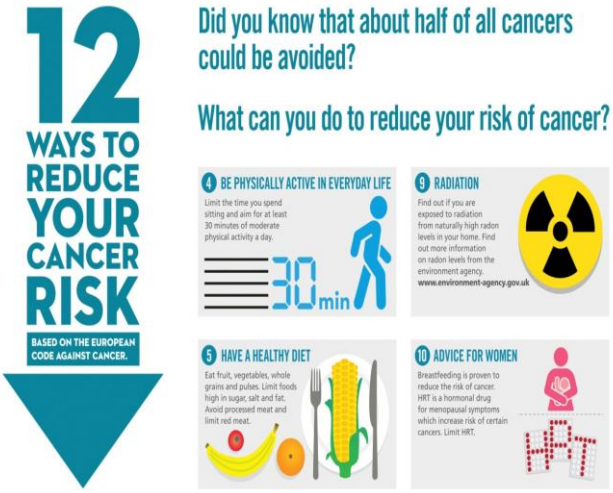

Figure 2: Infographic presented at "Daffodil Centre" located in local general hospital, Dublin

These experiences have been positive as they have reached a broad cross-section of the population. The next step is to integrate knowledge and awareness of the ECAC, and the practical application of its messages, into the curricula of health professionals and allied healthcare workers.

ICS also plans to build on this experience by taking the ECAC into community settings and schools. This may require some degree modification of the Code given that not all messages are relevant to every target group. If modifications to the phrasing of ECAC are made, ICS has highlighted this with the disclaimer: 'based on the European Code Against Cancer'.

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Conclusions

The Irish Cancer Society has been very effective in using ECAC to inform a variety of activities and initiatives. It is particularly important to see how ECAC is integrated into community-level projects, and public advocacy work. This approach should serve as a best practice for other cancer leagues in Europe.

Whilst the successes of ICS in communicating ECAC as comprehensive package have been notable, challenges remain: the 12 messages represent a large degree of information that can be difficult to process effectively in a short space of time. For example, in the information literature on specific site cancers, it is challenging to reference all messages without losing focus from the main purpose of such materials.

Nonetheless, ICS have demonstrated an effective way in which the ECAC can be attractively presented and featured in key locations, and the potential for transferability to other cancer leagues.

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Marie Skłodowska Curie Memorial Cancer Centre and Institute of Oncology, March 2016

Background

The results of the ECL online omnibus survey on the public awareness of the European Code Against Cancer indicated that Poland reported the highest level of awareness in the surveyed countries (17% of respondents had previously heard about ECAC, compared to 10% average from the 5 countries surveyed).

Given the relatively high degree of awareness of ECAC in the general population, Poland was selected as a suitable candidate for a site visit during 2016. The purpose of the visit was to learn about the successful examples of ECAC dissemination, and understand the reasons for the relatively high levels of awareness of ECAC in Poland.

The institute that has been primarily responsible for disseminating ECAC in Poland has been the Maria Skłodowska Curie Memorial Cancer Centre and Institute of Oncology (hereafter, MCMCC). The MCMCC has promoted the ECAC since its inception in 1987 through the visionary work of Prof. Witold Zatonski, who was one of the scientific committee members of the 4th edition of ECAC. ECL has had long standing links with the Maria Skłodowska Curie Memorial Cancer Centre and Institute of Oncology (MCMCC) due to close cooperation with Prof. Zatonski and his team.

In recent months, the newly established Polish Cancer League has begun promoting the ECAC. The Polish Cancer League was founded under Polish Law in 2015, becoming a full member of ECL at the 2015 General Assembly. This site visit, therefore, offered the opportunity for ECL to engage in discussions with both organisations on their past and future roles in disseminating ECAC. The agenda of the visit can be found in Annex 2.

About the hosts

- **Marie Skłodowska Curie Memorial Cancer Centre and Institute of Oncology**

The MCMCC is the leading Polish comprehensive cancer centre, as well as the primary government research institution devoted solely to oncology. Founded in 1932 by Maria Skłodowska-Curie, it is currently divided into 28 specialised clinical departments responsible for the diagnostics and therapy of different tumour types.

The research departments are devoted to experimental therapies, epidemiology and prevention, pathology, imaging, and basic research in cancer biology. MCMCC is the major Polish comprehensive centre in the field of the treatment and research into sarcoma and melanoma. In total MCMCC provides 656 beds, and numbers 2517 members of staff.

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- **Polish Cancer League**

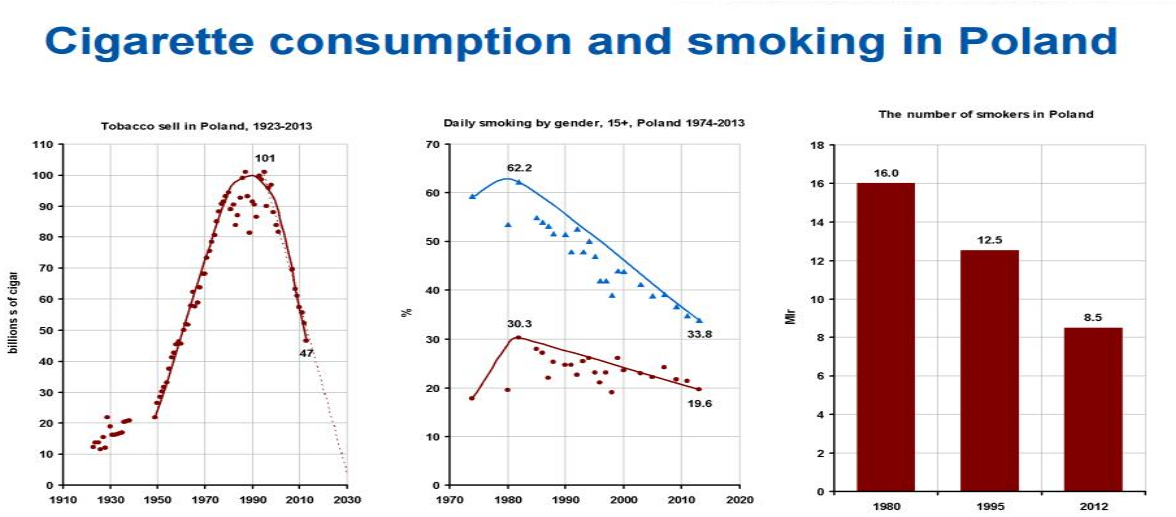
The Polish Cancer League was founded in 2015 with the aim of initiating and strengthening various actions to reduce cancer risk, and increase the chances of a cure and dignified life of people affected by cancer. Drawing on the power of social and expert knowledge, the Polish Cancer League's objective is to make the fight against cancer a priority health policy in Poland.

The work of the league is grounded in the "Strategy for Combating Cancer in Poland 2015-2024." The Polish "national cancer plan" envisages 90 measures to ensure the implementation of 30 goals across 5 key areas: organization and management system to combat cancer, science and cancer research, prevention, diagnosis and treatment and quality of life during and after completion of therapy oncology.

Visit summary

- **Cancer epidemiology & major risk factors in Poland**

Representatives of the WHO Collaborating Centre of the MCMCC, Prof. Witold Zatonski and Dr Krzysztof Przewoźniak, who were the primary organisers of the site visit programme, convened the first session of the visit. This session aimed at providing an overview of the status of the 12 recommendations of the ECAC in Poland in terms of cancer epidemiology and current public health policy.



Source: Zatoński W, Przewoźniak K, Sulkowska U, West R, Wojtyła A. Tobacco smoking in countries of the European Union. Annals of Agricultural and Environmental Medicine. 2012;19;2:181-192; Czapiński J, Panek T. (red.). Diagnoza Społeczna 2013.

Tobacco: At the beginning of the 1980s Poland had the highest tobacco consumption rates in Europe. After extensive work to educate the public, health professionals and policymakers about the danger of tobacco from the mid-1980s onwards, Poland is now at median levels for tobacco consumption. Figure 3 (above) demonstrates cigarette consumption and smoking trends over time in Poland.

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The dramatic impact of this effort to improve public health is not only demonstrable in the prevalence of tobacco use but it is also visible in the attitudes towards tobacco of the public and successive governments. The current Polish government is now planning for an "endgame" for tobacco, in an approach like that of governments in Scandinavia, and has taken a strong approach against novel forms of smoking, such as e-cigarettes, which are to be treated as tobacco products under Polish law.

Extensive smoke free laws have been in place since 2010 but fall some way short of the complete ban as advocated by MCMCC and which is currently in place in the Republic of Ireland, for example.

Alcohol: Alcohol is one of the primary concerns in cancer prevention in view of the social acceptance of alcohol consumption, and low understanding about the associated risk for cancer. Alcohol in Poland is readily accessible and cheap, which compounds the health issues around excessive alcohol consumption. MCMCC proposes a focus on policy and legislative items addressing central issues, such as price and availability, rather than on individual behavioural aspects.

Nutrition, physical activity & obesity: Obesity rates in Poland are comparable to EU countries such as Germany and Finland, although the rate of obese adults has been steadily increasing since the mid-1990s. The rates for childhood obesity are particularly high, representing a key public health challenge for the future.

Like most other developed countries, Poland has experienced a change in the common workplace environment leading to more sedentary lifestyles. There is a particularly noticeable in the socio-economic gradient in physical activity patterns with a concentration of lower physical activity amongst the lowest socioeconomic groups. Higher rates of obesity and poorer diets in people of a lower socioeconomic status compound this issue, creating serious long-term health equity issues. In the future, more targeted cancer prevention strategies will be needed to address the specific concerns of such groups, for example, by employing tailored interventions for citizens in rural communities.

Sun safety and UV exposure: Poland has witnessed a dramatic increase in the incidence of melanoma due to increased levels of tourism by Polish citizens. But it should be borne in mind that this increase comes from a very low starting point in the 1970s and 1980s. The control of sunbeds / solariums is very effective in Poland.

Workplace carcinogens: Control of exposure to carcinogens in the workplace is performed very well in Poland due to the competent authorities in place to oversee this function. Improved control measures have been implemented over the past decade to reduce the exposure to radon. However, a key issue is sustainable funding in the long-term for the competent bodies.

HPV: Poland has a population of 17.13 million women aged 15 years and older who are at risk of developing cervical cancer. Current estimates indicate that every year 3513 women are diagnosed with cervical cancer and 1858 die from the disease.

Cervical cancer ranks as the 6th most frequent cancer among women in Poland and the 2nd most frequent cancer among women between 15 and 44 years of age. About 3.4% of women in the

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general population are estimated to harbour cervical HPV-16/18 infection at a given time, and 88.1% of invasive cervical cancers are attributed to HPVs 16 or 18.

Poland is one of the eight EU countries (as of 2015) where HPV vaccination has not been introduced to mandatory immunization programme and where paid vaccination is only provided in primary health care settings. HPV vaccination coverage in adolescent girls is estimated at 7.5-10%. A national strategy is in development as of March 2016, although no planned date for implementation is available at the time of writing.

- **Promotion of the European Code Against Cancer**

The promotion of ECAC as a complete product has been consistently implemented in Poland since the late 1980s. This fact may explain why Poland has considerably higher levels of public awareness of the ECAC than other European countries. For the third edition of ECAC, 340.000 copies of the Code and associated materials were distributed amongst health professionals in Poland (Figure 4).

The strategy of MCMCC has been incorporate ECAC into the education system in Poland through close collaboration the Ministry of Education. The focus on children has been taken due to the importance of establishing health promoting behaviour at an early age. **More than 1 million copies of the specially designed publicity materials were distributed amongst the public.** In addition, several hundred thousand copies of comic book style publications were disseminated amongst teenagers and young adults, and were specifically distributed through school systems.

Figure 4: ECAC 3rd edition promotional & educational materials, courtesy of Prof. Witold Zatonski

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Latterly, MCMCC supports a dedicated website in the Polish language for the current 4th edition of the ECAC, which can be accessed at **http://www.kodekswalkizrakiem.pl/kodeks/.**

- **Conclusions**

In conclusion, a significant reason for the relatively high public awareness of ECAC has been the proactive and widespread dissemination of the ECAC as a comprehensive package of public health messages. The foregrounded of the 'brand' of ECAC in the publications has undoubtedly engendered the familiarity with ECAC's existence in the Polish population.

In terms of the application of ECAC to public health policy, the extensive efforts to reduce tobacco consumption have resulted in considerable success. Similarly, to the Irish Cancer Society, the MCMCC aims to develop and pilot public health initiatives (such as the actions on tobacco control like the "quitline" telephone service) and then encourage the governmental level to adopt and roll-out these activities. This approach has been successful to date, but will face challenges considering restricted public finances. In addition, whilst reducing the tobacco burden further as part of the 'endgame' strategy will remain a priority, in terms of the modifiable risks factors for cancer, alcohol is increasingly becoming the leading priority.

MCMCC has good links with other chronic disease specific NGOs operational in Poland. As yet, this cooperation has not resulted in formal alliances such as the 'NCD Alliances' established in Scandinavia countries, but this could be a possibility in the near future. A more immediate in challenge is how to foster close collaboration between NGOs, the scientific community, and the governmental level, which is a necessity for the implementation of sustainable long term actions to promote the messages of ECAC.

- **Meeting at the seat of the Metropolitan Archdiocese of Warsaw**

The second session of the visit was held at the seat of the Archbishop of Warsaw. In addition to members of the ECL secretariat and current ECL President – Dr Sakari Karjalainen, Secretary General of the Cancer Society of Finland – and representatives of MCMCC, representatives of the Polish Oncologists Society, and Dr Anna Czech MP, also participated at the meeting hosted by the Archbishop of Warsaw, Kazimierz Nycz.

The meeting was convened to acknowledge and discuss the work of the church in promoting health and wellbeing, and to present specific examples of best practice from the Voivodeship of Małopolska represented by Dr Czech MP.

The discussion covered the following three areas:

1. General introduction, and the role of church, parliament, and government in promoting health and wellbeing;
2. Possible scenarios for the promotion of ECAC during the World Youth Days in July 2016 (**NB. World Youth Days is the biggest worldwide youth event organized by Catholic Church**);
3. Implementation of school-based programme for promoting ECAC in Poland.

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The example of best practice for implementing a school-based programme to promote ECAC focused on the case of the Małopolska Voivodeship in southern Poland. ECAC has been actively promoted through schools in this region since 2002, although the general promotion of ECAC stretches back to the 1980s.

In 2015, a new campaign was developed that engaged 75% of schools in the Małopolska Voivodeship, which med to the involvement of more than 391.000 school students. The widespread dissemination of ECAC illustrates the importance of ECAC as a public health tool for developing health education interventions and campaigns, with measurable impact found in the subsequently lower smoking rates in the areas receiving the ECAC information.

Figure 5: examples of implementation of ECAC in Małopolska, courtesy of Prof. Zatonski

Example of implementation of the Cancer Code – Promotion in schools in Małopolska province

Total population of region: 3,360,586

- **Number of schools involved in project – 3,920 (75%)**
- **Number of teachers involved in the project – 17,520 (40%)**
- **Number of students actively involved in project – 391,000**
- **Number of parents familiar with the project – 150,000**
- **The overall number of people familiar with the recommendations of the European Code Against Cancer – 558,000**

As an outcome of the meeting, further progress had been made to define the working relationship between all parties on how to promote the ECAC during the World Youth Days.

- **Meeting at the Chief Sanitary Inspectorate for Poland**

The final session of the first day of the visit was to the Chief Sanitary Inspectorate for Poland. The Inspectorate has the national mandate in Poland to create and supervise a wide array of activities aiming to prevent and minimise harmful public health outcomes.

The area of work includes both communicable and non-communicable diseases, and their associated risk factors, such as exposure to tobacco. Therefore, the visit to this institution was of

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high value as it offered the opportunity to observe how a national competent body collaborates promotes ECAC.

The priority of the Inspectorate is to communicate their health promotion work directly to school age children and adolescents. This has been especially effective whenever the Inspectorate has joined forces with MCMCC and local authorities to combat tobacco smoking.

The Inspectorate has focused specifically on highlighting the risk posed by key health determinants that are common to several NCDs (e.g. tobacco) to the risk of developing cancer. This has been achieved through educational measures, awareness raising interventions, and knowledge provision on cancer prevention as outlined in the recommendations of ECAC.

The dual focus on communicable and non-communicable diseases allows the Inspectorate to address important issues from ECAC such as HPV & Hep B vaccination by addressing both preventative and curative aspects. As was discussed in the session with MCMCC, HPV is currently not in the mandatory vaccine schedule and is mostly implemented at the municipal level. It has, therefore, proved difficult to make sustainable progress on HPV vaccination.

The Inspectorate is also heavily involved in the provision of training for health professionals and educators, following the "cascade" model. All such training courses are rigorously evaluated by assessing knowledge before and after the delivery of the training.

Over the coming months, prevention of NCDs will remain high on the agenda of the Inspectorate. This includes implementing the diet and physical activity plan in line with WHO Europe processes, securing a ban on vending machines of sugary drinks and high calories foods in schools, and a scientific publication on the usage of refillable e-cigarettes.

- **Warsaw Oncological Conference Polish Academy of Sciences and meeting with representatives of the Polish League Against Cancer**

On day 2 of the visit, the ECL delegation was invited to attend the 2nd Warsaw Oncological Conference. Dr Sakari Karjalainen presented on European-wide efforts on cancer prevention, focusing on the European Code Against cancer and the activities of the Finnish Cancer Society.

Following the conference, ECL staff met with representatives of the newly established Polish Cancer League. Despite being in existence for less than 6 months at the time of the meeting, the League had already developed a series of concrete projects that were either in the planning phase or had already commenced.

The projects cover a wider variety of areas such as 'cancer information service to journalists', 'mobile application on nutritional health for young teenagers', and 'the European Week Against Cancer youth competition', which is organised by ECL. In addition, the league also foresees dispersing funds to other NGOs to relevant cancer prevention projects of approximately 5-7 each year.

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Conclusion

The extensive high-profile work of the MCMCC has given cancer prevention a very visible and distinctive place in public health in Poland. The Institute led the way for introducing effective tobacco control policies, which have had a dramatic positive impact on the cancer burden in Poland. The institute has also been extremely effective at collaborating with schools and educators to communicate cancer prevention messages to young people. The high number of entries from Polish schools to the European Week Against Cancer (EWAC) competition in 2016 demonstrates the strength of cooperation between MCMCC and the education sector.

The decision to clearly foreground the identity of ECAC on all materials, and to promote it as a comprehensive suite of recommendations has clearly been beneficial in raising the profile of the ECAC in Poland. This demonstrates the value in promoting ECAC in its entirety and creating a clear identity for the communication, which will be understood and retained by the public.

A further crucial factor has been the close cooperation with the governmental level (such as the Chief Sanitary Inspectorate) and with key stakeholders in civil society (including the Church). These strategic partnerships have amplified the messages of ECAC, and enhanced the dissemination due to the high levels of public trust enjoyed by the associated organisations.

Challenges remain, nonetheless, for the continual excellent dissemination of the ECAC. Limited financial resources mean that the support from the governmental level for public health campaigns in the mode of ECAC may not be as forthcoming in the near term as it was for previous editions of ECAC.

In terms of public health priorities for cancer prevention work, alcohol consumption has been identified as the most prominent issue to address. Additionally, further work is required to overcome the current barriers to implementation of HPV vaccination. However, with the establishment of the Polish Cancer League, cancer prevention efforts in Poland has a powerful new ally who will be able to make a difference in these areas, and continue the impressive communication of ECAC.

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Portuguese League Against Cancer, November 2016

Background

The Portuguese League Against Cancer (hereafter, "the League") has been an active promoter of the European Code Against Cancer from the launch of the first edition. The League was also one of the first in Europe to use the translated text of the 4th edition of ECAC for its bespoke dissemination materials.

Eurobarometer surveys from the late 1980s and early 1990s indicate that the levels of awareness about the ECAC in Portugal were the highest in Europe at that time (<59% of respondents reported that they were aware of the ECAC). More recently, a short online survey conducted by ECL in 2016 found that 13.5% of respondents had previously heard of the ECAC. This result exceeds that of the estimated average for European countries of 10%.

Consequently, the League was selected as a host for a site visit due to the long-running promotion of ECAC and the wealth of promotional activities executed by the League during that time. Moreover, Oporto (which houses the headquarters of the northern branch of the League) will be the host city of the 7th European Conference on Tobacco or Health (ECToH), which is to be held in March 2017 and will have a session dedicated to the European Code Against Cancer.

About the host

"Liga Portuguesa contra o Cancro", or the Portuguese League Against Cancer in English, was founded in 1941 as a private non-profit organization.

The League works on health education and cancer prevention campaigns, especially regarding tobacco and younger generations. The League is unique amongst cancer societies in Europe in that they fully operate the National Breast Cancer Screening Programme of Portugal. The League collaborates and develops projects at international levels namely with the UICC, ECL and the ALICC.

The main objectives of the league are:

- To disseminate information on cancer and promote health education, with an emphasis on prevention;
- Contribute to the social support and humanisation of care for cancer patients at all stages of the disease;
- Cooperate with the institutions involved in the field of oncology, namely the Centres of the Portuguese Institute of Oncology Francisco Gentil and the Hospitals of the Autonomous Regions;
- Stimulate and support oncology training and research;
- Develop structures for primary and secondary prevention, treatment, and rehabilitation, either alone or in collaboration with other entities.

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The League is organised regionally with branches in the south of Portugal, the central region, the islands (Madeira and Azores) and the northern branch, which is where the site visit took place (in the city of Oporto).

The full agenda for this visit can be found in Annex 3.

Visit summary

Current President of the League (and ECL Vice-President), Professor Vitor Veloso, opened the site visit programme with an introduction to the League.

The past several years have been especially difficult in Portugal in view of the financial crisis. However, during this time the League has maintained its services to the public and continued with its mission.

One of the core activities of the League has been in primary prevention, as governmental actions in this field are limited. This is highlights why ECAC is very important to the League, and why the League has worked a great deal to promote this over the decades.

In what regards secondary prevention and early diagnosis, the League can claim a unique experience amongst cancer leagues in Europe in that the League is the only cancer society in Europe that manages the protocol for the nationwide, population-based screening breast cancer programme.

In terms of tertiary prevention, the league provides 60 beds (inside the HQ of the northern branch) for patients requiring ambulatory care. Additionally, the northern branch supports research and is currently funding 15 PhD researchers. Finally, and perhaps most importantly, the League has a powerful voice in patient advocacy and can count on more than 500 volunteers in the nearby comprehensive cancer centre alone, in addition to thousands more who fundraise and collect donations on behalf of the League.

- **Session 1 – Research department of the northern branch**

Dr Rui Madeiros, Head of Research at the northern branch of the league presented an overview of the research output supported by the northern branch of the League. One of the key aims of this department is to translate research actions for the educational level, especially the secondary school tier of education.

Currently, the department is associated with more than 20 peer-reviewed cancer research papers into topics covering as ovarian cancer, lung cancer, kidney cancer, and HPV. Many of the researchers supported by the league subsequently take up posts in national research institutes, and so this creates an important knowledge-based network for the League.

One of the key objectives of the research department is to gather researchers and bring this expertise to children and young adults in their place of education. In addition, the League also organises initiatives that arranges for young people to visit the headquarters of the League in Porto

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to learn about science and how research is conducted in the lab setting. For this purpose, the League created a mock laboratory in which young people can do active experiments. The intention of this initiative is to offer a positive message and experience to young people about science, but also to capitalise on this "teachable moment" to provide cancer prevention information. In turn, the League has found that young people then return home and inform their parents about the knowledge they have gained, which is a further diffusion of the cancer prevention messages.

In the future, the league would be interested to form a network within ECL of the research-intensive cancer leagues, with the aim of pursuing collaborative approaches to future research initiatives.

- **Session 2 – Cancer epidemiology in Portugal**

Dr Maria Jose Benito of the Portuguese Cancer Registry presented an overview of cancer epidemiology in Portugal. The registry started in 1998 and is divided into regional areas in the same manner as the League.

In Portugal, the main cause of death in cancer is still lung cancer. For the northern region, one surprising observation is that stomach cancer mortality is relatively very high, which is of concern considering that this cancer has been decline in much of Europe over the past 40 years. Whilst the mortality rates in the northern region have been declining for gastric cancers, this has only occurred at a very slow rate. Bacterial infection in childhood and lack of modern refrigeration methods in certain areas during the recent past.

For both sexes, cancer mortality rates in Portugal are not declining as rapidly as in other comparable European countries but there is an improving downward trend in mortality in breast and cervical cancer, which can be attributed to the implementation of organised screening. However, breast cancer amongst young women is increasing.

Despite the successes in reducing cancer mortality and morbidity, challenges remain for cancer prevention in Portugal. A 90% increase in cancer is predicted in 2015 – 2020 due to the ageing population, resulting in 46.000 new cases nationally. Of concern amongst the projected increased cancer burden is the higher incidence of melanoma and, in terms of the health determinants, an increasing number of young women who are smoking. These factors illustrate why continuous dissemination of ECAC is important.

- **Session 3 – Dissemination of the ECAC**

Cristiana Fonseca presented the activities of the League to promote the European Code Against Cancer. Cristiana explained that the background to the League's activities in cancer prevention and health promotion is it's work in establishing a Health Education department. This began in 1989 in line with the dissemination of the first edition of the ECAC. The work of the Health Education department has been interconnected with the ECAC ever since.

The League rarely communicates the ECAC as a single package unless it is for special events, such as during the European Week Against Cancer, or for very specific audiences, such as health

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professionals. Instead, the emphasis is placed on the specific messages built upon the knowledge and evidence provided by the ECAC.

The League has several key target groups for the communication of ECAC:

- Schools;
- Municipalities;
- Industries and companies;
- Communities (represented by informal groups, association, etc.);
- Individuals (e.g. via social media).

The activities of the League to promote the messages of ECAC focus on those recommendations relating mostly to modifiable patterns of behaviour. This entails that the League is, at present, not undertaking any specific activities on workplace exposure to carcinogens, radon, and breastfeeding and HRT.

Of those messages that the league is actively promoting, examples of successful practice include:

- **Pink October** to promote breast cancer awareness – the central branch of the League recently developed a fully accessible app for blind women with accompanying braille leaflet providing information on breast cancer;
- **Promoting action on tobacco control** – as public awareness of the harm caused by tobacco reaches a saturation point, the league has shifted to focus on promoting action through advocacy campaigns. The objectives identified by these campaigns include the calls for smoke free perimeters to be in place around schools and hospitals, and the setting of ambitious target for a generation without smoke;
- **Skin cancer prevention** – in partnership with L'Oréal Garnier, the League has been undertaking activities to compliment the sun safety messages, which are consistent with the recommendations of the Code. This includes work to raise awareness of the dangers of sunbed use;
- **Breast cancer screening** – as the league is the coordinator of the screening programme in Portugal, this provides an excellent opportunity to integrate primary prevention and health promotion with the secondary prevention intervention of mammographic screening. The League achieves this by aiming to improve the health literacy of the women invited to screening through clear information on the risk factors for breast cancer.

One recent initiative that was very well received by the public was the "You Can: Read & Prevent!" project. This initiative challenges the public to write the ending to a short story that begins with a woman waiting in a hospital for a consultation for cervical cancer, and was launched during the European Week of Prevention of Cervical Cancer. 245 people, aged between 11 and 67, participated, which led to 40 stories being produced. The final product was a book containing a selection of the stories, which has been widely distributed by the northern branch.

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Figure 6: Promotional item for "You can: Read & Prevent!" project.

Whilst it is important to disseminate information about cancer prevention, as previous workshops, and other initiatives organised ECL have indicated, it is also essential to understand what the public knows and understands about cancer prevention. Previous mass media campaigns to promote ECAC and its messages had identified that whilst people understood several the topics in the ECAC, there was not a great awareness about how the messages recommend people to act on an individual level.

With this concept in mind the League developed the "Vox Pop of Health" project, which culminated in a 30-minute documentary that answers common questions around each of the 12 messages of the ECAC. The League trained teachers, educators, and community workers to introduce the video at public screenings and address common questions. In this way, the League can broaden the dissemination without the need of League staff members being present each time. In the first year, 115 presentations were made in the northern region of Portugal, with a considerable number of requests being received for future presentations.

- **Session 4 – overview of other departments**

The final session provided a brief overview of other departments whose work is relevant to the dissemination of the ECAC. The first presentation elaborated further examples of the work of the Health Education department to promote ECAC in educational contexts.

The northern branch of the League has long-standing and comprehensive links with education providers in the region, which allows the League to contact directly all schools in the region. This practice is followed before each initiative is launched to find those educators establishments that are interested in participating in the forthcoming projects.

Several examples of best practice in this regard were presented:

- **Youth health promoters** – a 3-year project to encourage peer education about cancer prevention amongst young people. To begin the league contacts all interested schools in

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the region. Active teachers from participating schools then recruit the participants from amongst the school population. This is done for two cohorts: 12 year olds and 15 year olds, covering a 3-year cycle. In the first year, the groups (min. 8 participants) debate the issues and learn about the ECAC. This phase develops the soft skills necessary for the later stages of the project. In the second year, the groups carry out and evaluate a health education project by identifying a problem at the school level related to cancer prevention. In the third stage, the group is empowered to recruit new participants and pass on the learning. At the end of the year a forum is convened at which the accomplishments of all groups are recognised. It is estimated that each group reaches approximately 500 additional people when conducting their health promotion project.

- **Liga-te** – this projects distributes a wide range of cancer prevention information on USB stick to teachers, with materials to be used throughout the school year. This includes ideas and suggestions for landmark events such as World Cancer Day (held on 4th February each year), to information about the school can be involved in a range of the league's ongoing initiatives and projects, such as "Vox Pop of Health". A calendar of activities is proposed so that actions can be coordinated and are implemented in line with relevant events such as Pink October. More than 500 schools have been engaged in the project, covering more than 50.000 pupils aged 6-18. The project is now in the planning phase for a roll-out to other regions of Portugal.


CÓDIGO EUROPEU
CONTRA O CANCRO
12 FORMAS DE REDUZIR O RISCO DE CANCRO

Não fume. Não use qualquer forma de tabaco.

Faça da sua casa uma casa sem fumo.
Apoie regras anti-tabágicas no seu local de trabalho.

Tome medidas para ter um peso saudável.

Mantenha-se fisicamente ativo no dia a dia.
Limite o tempo que passa sentado.

Tenha uma dieta saudável: Coma bastantes cereais integrais, leguminosas, vegetais e frutas; limite os alimentos muito calóricos (com muito açúcar ou gordura) e evite as bebidas açucaradas; evite as carnes processadas (enchidos, carnes fumadas, etc.), as carnes vermelhas e os alimentos com elevado teor de sal.

Se consumir álcool, limite o seu consumo. Não consumir bebidas alcoólicas é benéfico para a prevenção do cancro.

Evite a exposição excessiva ao sol, especialmente para as crianças. Use protetor solar. Não use solários.

No seu local de trabalho, proteja-se de substâncias cancerígenas, seguindo as instruções de segurança e saúde.

Verifique se está exposto a radiação derivada de altos níveis de radão natural em casa. Tome medidas para reduzir os níveis elevados de radão.

Para as mulheres: A amamentação reduz o risco de cancro da mama. Se puder, amamente o seu bebé. Alguma terapêutica hormonal de substituição (THS) aumenta o risco de determinados cancros. Limite o recurso à THS.

Assegure-se de que os seus filhos estão vacinados contra: Hepatite B (para recém-nascidos); Vírus do papiloma humano (HPV).

Participe em programas organizados de rastreio do cancro para: Cancro colo-retal (homens e mulheres); Cancro da mama (mulheres); Cancro do colo do útero (mulheres).

O Código Europeu Contra o Cancro incide nas medidas que os cidadãos podem tomar individualmente para contribuir para a prevenção do cancro. Uma boa prevenção do cancro exige que estas ações individuais sejam apoiadas por políticas e medidas públicas.
Saiba mais sobre o Código Europeu Contra o Cancro em:
https://cancer-code-europe.iarc.fr

CECC adaptado

Additional departments presented during this session were made by the personnel responsible for the coordination of the "Relay for Life" in Portugal, and the psycho-oncology service organised by the League. The full version of the 4th edition of the ECAC appears in the promotional literature for each Relay for Life event, which is held annually in the northern region, ensuring that the ECAC reaches a wide and receptive audience.

In addition to providing psycho-oncology care to cancer patients, survivors and their families, the unit also has an important role in providing training to students and health professionals. The unit also helps with the reintegration of young people with cancer back into education.

- **Session 5 – field visit**

The study visit concluded with a field visit to the League's breast cancer screening centre, which is co-located with northern branch's headquarters, and an additional visit to the comprehensive oncology centre in which the Leagues provides more than 500 active volunteers.

Figure 7: Still of ECAC published in Relay for Life publications

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Programmatic mammography screening is conducted exclusively in fully equipped mobile units that are managed by the League. Mammograms are read by radiologists at the League's screening centre, which is also where women are referred for re-screen or diagnostic imaging. The co-location with the League's northern branch headquarters allows for the possibility of diffusion of ECAC related material.

Most cancer patients in the region are treated at the nearby comprehensive cancer centre. The League provides a highly impressive volunteer service on site which provides patients and their families with a wide range of information, specialised counselling, and signposting of services. The League also works closely in cooperation with local NGOs co-located within the hospital who provide specific services on certain cancer sites, such as breast cancer. The League has also provided substantial resources to extend and improve the site, which demonstrates the fulfilment of the original goal of the League to inaugurate a high-quality cancer centre for the region.

Conclusion

The Portuguese League Against Cancer has developed and implemented a comprehensive range of health promotion and education measures that have significantly contributed to improving knowledge of and action on cancer prevention in Portugal. All the League's projects and initiatives are thoroughly evaluated, which provides a rich evidence base for adapting and scaling-up successful activities.

The work of the League on school age children is of special importance given the necessity to encourage health-enhancing behaviours amongst young people. The project initiated by the League to promote health literacy through a greater understanding of scientific methods, as demonstrated in the mock laboratory schools project.

The League has a major asset in its management of the population-based breast cancer screening programme. The programme, which meets, and exceeds in many areas, the quality indicators for organised cancer programmes, will increasingly be used as means by which to promote health by integrating primary prevention recommendations based on ECAC. This integration of primary and secondary prevention will be an important example for cancer organisations in Europe to follow.

Additionally, the League also makes full use of other important assets, such as the cancer centre volunteers and relay for life, to promote ECAC. The co-location, both the northern branch's HQ and within the comprehensive cancer centre, with other cancer-focused NGOs is further strength, which adds greater value to the cancer prevention work.

Looking forward, the League will have the opportunity to use the ECToH conference to further communicate the application of ECAC, and has proposed a possible informal network within ECL of research-focused cancer leagues. This could be an important step to connecting research with action on cancer prevention.

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Belgian Foundation Against Cancer, December 2016

Background

The final site visit of 2016 was conducted at the Belgian Foundation Against Cancer (*Fondation contre le Cancer* – hereafter, FCC), based in Brussels. FCC was selected due to its longstanding and effective work in primary and secondary prevention, and its commitment to promoting ECAC. The period of the visit was timed to coincide with the early stages of FCC's specific campaign to promote ECAC in Belgium: *Prolongitudine*.

About the host

The Belgian Foundation against Cancer is the only national organisation in Belgium committed to the fight against cancer. The Foundation is a result of a merger between three not-for-profit organisations (dating back to 1924): Belgian association against Cancer; *Oeuvre Belge du Cancer*; and the Belgian Federation against Cancer. This merger took place in December 2004. Notable achievements of these forerunner organisations include the creation of the Belgian Cancer Registry in the 1980s.

FCC has an annual budget of circa. 28.500.000€ and is funded through donations and legacies, corporate sponsoring and collect proceeds from events or campaigns such as 'Together against Cancer', and "Relay for Life". These funds help resource the following priorities of FCC:

- Support for medical research – with more than 17 million€ being awarded during the most recent funding period;
- Health information campaigns and primary prevention work;
- Assistance to patients and their relatives.

FCC operates in the two dominant national languages of Belgium: Dutch & French.

Visit summary

- **Session 1 - Introduction to the Cancer Burden in Belgium**

Dr Mathijs Goossens, spokesperson of FCC, provided a comprehensive overview of the cancer burden in Belgium. In 2014, there were 67.820 new cases of cancer in Belgium (excluding non-melanoma), which equates to 186 cases per day. The three most common cancers for both sexes (prostate, lung, and colorectal [Men]; breast, colorectal, and lung [Women]) account for 54% of all diagnoses. A gender difference in incidence is apparent, with men accounting for 53%.

Comparing incidence and mortality in the most recently available data for Belgium indicates that there are certain cancers that have a very high mortality in relation to their incidence. For example, ovarian cancer in women.

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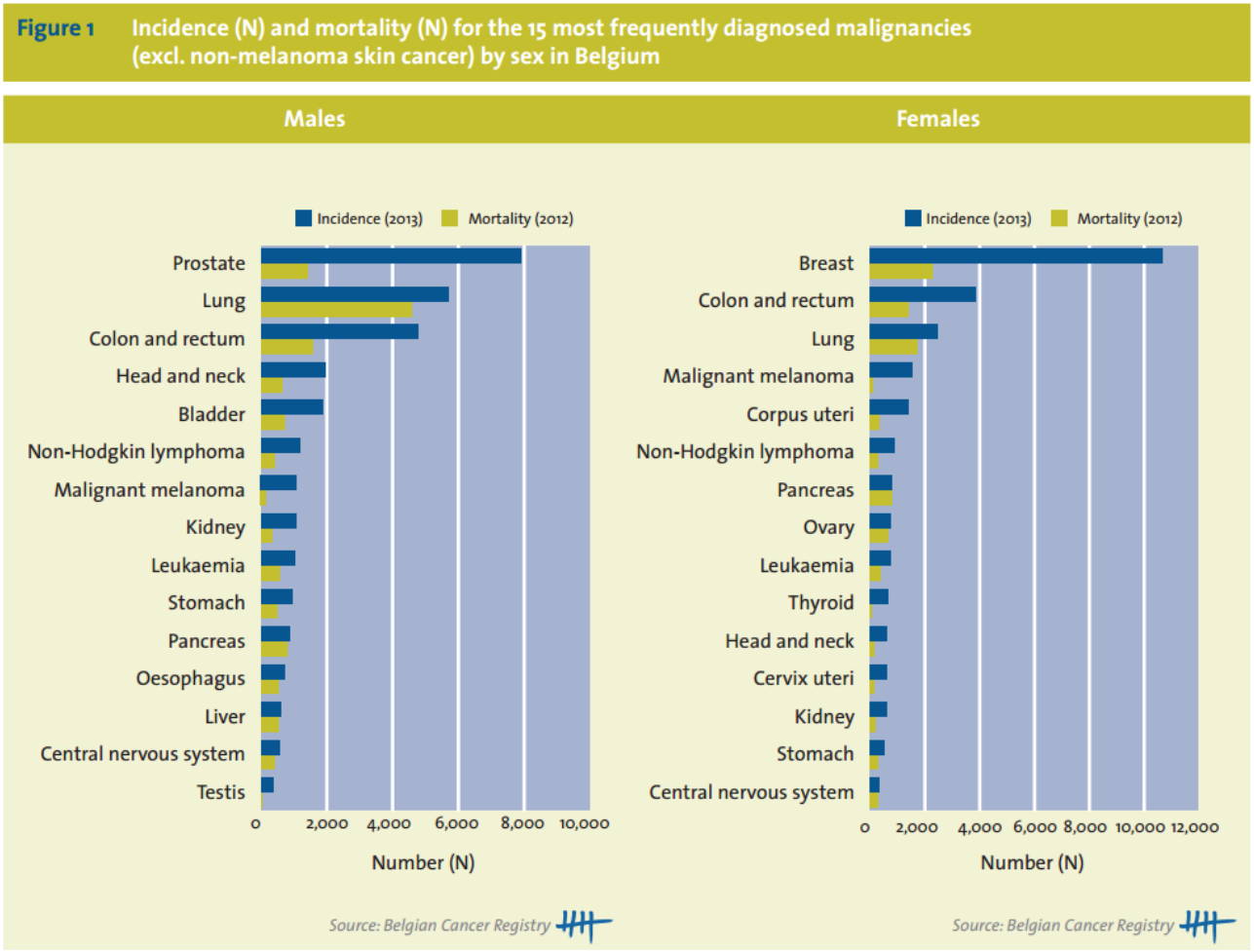
Figure 8: Cancer incidence & mortality by Sex in Belgium, courtesy of Dr Goossens



The lifetime risk of cancer in Belgium also displays a gender difference: men have high incidence risk than women (35% vs 27%) and a lower chance of survival (60% vs 68%). This is explained by the type of cancer in each case (e.g. greater number of lung cancer cases amongst men) and demonstrates the importance of lifestyle.

Projections for the cancer incidence to 2025 indicate that there will be 12.000 additional cases per year, which would total approximately 80.000 cases for Belgium. This is mostly due to population growth and an ageing population. However, closer analysis of the projections reveals that the risk is increasing for women during that period but decreasing for men. This is partly due to fewer projected tobacco-related cancers for men, whilst the number is projected to increase in women as an outcome of changing patterns of smoking behaviour over the past 20-30 years.

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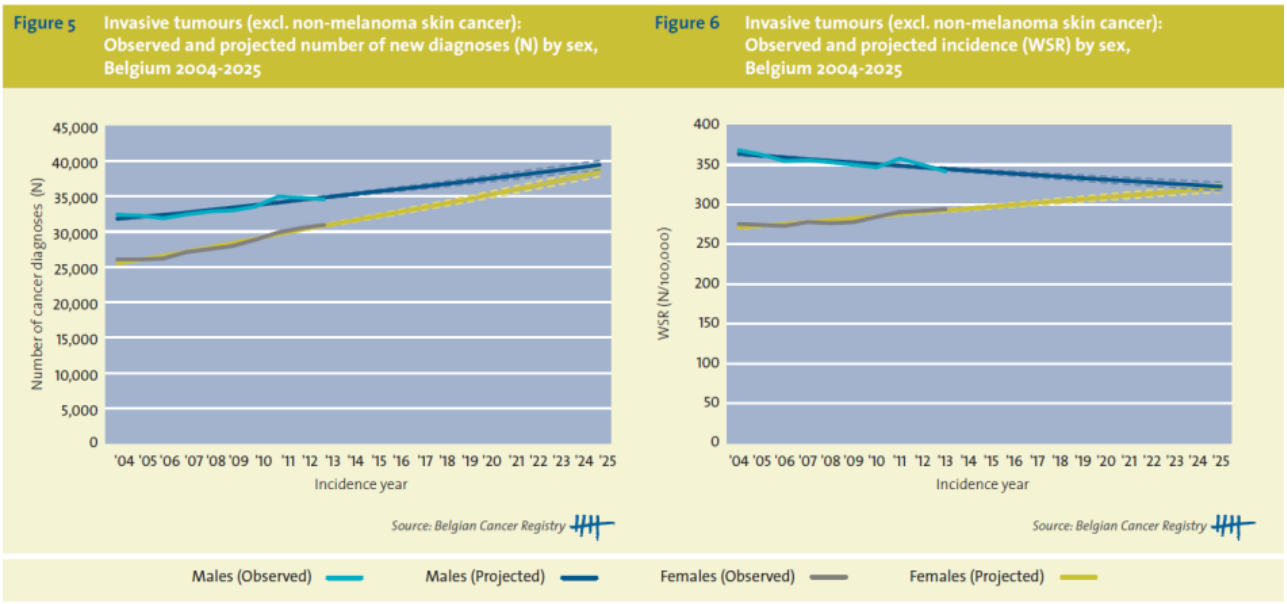
Figure 9: Projected number of new cancer diagnoses, 2004-2025 (absolute number and world standardised rate)



- **Session 2 – overview of FCC work in prevention**

The second session of the visit gave an insight into the health promotion and cancer prevention activities of FCC. The current strategic approach of FCC is concentrate the prevention activities on three areas: tobacco control; UV and Sun Safety; and the European Code Against Cancer.

- Tobacco control

Christine Plets presented the tobacco control activities of FCC with a specific emphasis for the "Tabakstop" service. Tabakstop is the smoking cessation helpline that is available to contact via telephone or online. The toll-free number has been operational in Belgium since 2004, is staffed by a multidisciplinary professional service. Unlike in most European countries, the call handlers for Tabakstop are university-trained, specially accredited 'tobaccologists'.

Most users of the service of from lower socio-economic backgrounds and are heavy smokers. Very often, this category of the population is also using rolled tobacco for economic reasons. With this in mind the FCC lobbied intensively in Belgium to have Tabakstop information placed on all tobacco products, and not just on conventional cigarette packets.

The inclusion of the helpline telephone number has had an immediate and dramatic impact on the number of callers to Tabakstop. A recent survey by FCC reported that 50% of callers reported that they called the quit service after seeing the number on the tobacco packaging. The increase reported for the telephone service is coupled with the increasing rise in the number of visitors and user request through the online service. The new website for the service has had more than 200.000 unique visitor since its launch and now includes personal testimonials from former smokers.

In terms of results, a ten-year follow-up evaluation noted that participants in the personal coaching service offered through Tabakstop reported a 45% success rate. The success in maintaining

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tobacco cessation can be explained through the greater number of contacts with the coaching service. The protocol of the service recommends 6-8 contacts in the first 3 months. Those who adhere to 6 contacts have a success rate of approximately 56% compared to those with fewer contacts who report circa 31%.

In terms of advocacy for tobacco control, FCC has the following priorities:

- Plain packaging
- Complete advertising ban at selling points
- Increase taxation and pricing
- Countering illegal trade
- Keeping tobacco industry out of health policy making (art. 5.3 FCTC)

- UV & Sun Safety

The second priority of FCC's prevention work is sun safety and addressing the dangers posed by Ultra Violet rays. As with tobacco control, FCC approaches this topic by attempting to encourage behavioural change through social marketing techniques, and puts substantial resources into lobbying and advocacy for policy-level change in this area.

FCC prioritises addressing the skin cancer burden as this is a highly preventable type of cancer, which has clear and modifiable determinants at both the individual and population level. This allows FCC to work on innovative behavioural change initiatives targeting individuals and their families, whilst also proposing clear policy solutions to the governmental level concerning those factors that can be addressed through improved regulations and governmental action. For instance, by advocating for a restriction of the use of sun beds (also known as tanning salons) by minors; and the registration of all sun bed providers to ensure regulatory standards are enforceable for this industry.

Skin cancer incidence (including non-malignant melanoma) is roughly equal to that of all other forms of cancer in Europe. Unfortunately, there is currently an exponential rise in skin cancer cases year-on-year in Europe.

To combat this, FCC has developed several behaviour change projects such as the "Know you UV score", which offered free UV skin-scans to allow the public to be sun smart; and "Shadow Mifi", which offers free public Wi-Fi on beaches but only in shaded areas.

- ECAC & other areas

FCC has made a strategic decision to promote ECAC as package of recommendations, as this method allows the Foundation to cover a wide range of areas in a comprehensive way. The following session dealt in depth with the Foundation's campaign to promote ECAC: *Prolongitudine*.

FCC also promotes health and implements cancer prevention strategies at other relevant opportunities such as during the Relay for Life, for which over 50 such events are held annually in

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Belgium. The Relays now adopt a health promotion philosophy before during and after the events, prohibit alcohol and tobacco during the event, and promote the wider lifestyle messages of ECAC. This results of this relatively new approach have been very promising.

Figure 10: Screenshot of Prolongitudine website banner

- **Session 3 - Prolongitudine**

For the final session, Marie-Noëlle Rasson presented the FCC campaign to promote the European Code Against Cancer.

The concept behind this campaign is to promote ECAC through the element of surprise. *Prolongitudine* is presented as a "miracle method" for reducing risk of cancer by 30%. It appears as if it were a common pharmaceutical product, and is designed with packaging representative of such products. However, when the box is opened there no pharmaceutical products inside but instead the 12 recommendations of ECAC can be found.

The campaign approaches the communication of ECAC in two complementary ways: by promoting the ECAC as a coherent whole, since no single recommendation is sufficient to reduce the cancer risk; developing each recommendation to provide a specific focus on its message.

The campaign was initially launched in April 2016. The first phase of the campaign focused on developing strong partnerships with general practitioners and pharmacists due to the nature of the concept. This led to display boxes being available in pharmacies and GP waiting rooms. The objective was to encourage interaction between practitioner and patients. Initially, 4.692 pharmacists and 11.527 GPs were engaged in the project.

Figure 11: Example of packaging displayed in GPs and pharmacies

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The first promotional wave was launched through a press release and sample products sent to the media, alongside advertisements in popular magazines, and use of social media channels, such as Facebook.

In 2017, FCC plans to launch the second wave of the campaign, which will 1 of the 12 ECAC messages prioritised each month, supplemented by video tips and promotional materials. The schedule of the messages is chosen to coincide with existing knowledge about what time of year is most suitable to disseminate public health messages on certain issues (e.g. promoting alcohol awareness in January) and tie in with important events, such as colorectal cancer awareness month in March.

Month		Related ECAC Message
January 2017		ACTIVE SMOKING
February 2017		ALCOHOL
March 2017		SCREENING
April 2017		OCCUPATIONAL CANCERS
May 2017		PREVENTING UV EXPOSURE
June 2017		DIET
July2017		HEALTHY WEIGHT
August 2017		PHYSICAL ACTIVITY
September 2017		PASSIVE SMOKING
October 2017		RADON
November 2017		BREASTFEEDING – HORMONE REPLACEMENT THERAPY IN MENOPAUSE
December 2017		VACCINATION

Additionally, FCC will also promote the campaign and the specific recommendation messages through a renewed magazine campaign, enhanced dissemination at Relay for Life events, and further distribution of the display boxes to health professionals in Belgium.

Further information can be found at http://www.prolongitudine.be/ & www.cancer.be/publications.

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Conclusion

From a prevention perspective, FCC has a notably strong track record in tobacco control, which has led to numerous significant policy changes within Belgium. This worked is complimented by the highly professional and succesful smoking cessation service through the Tabakstop helpline. Due to the socio-demogrpahic nature of the users, this service has also been an effective tool in combatting entrenched health inequalities.

FCC has also been effective in raising awareness of skin cancer prevetion, and has taken numerous innovative behavioural change approaches to addressing this issue. Given the progress made in these areas, and the amenabiolity of the issues ot prevenative measures, it is therefore a logical decision for FCC to prioritise its efforts in prevention on these two areas. In this respect, ECAC is used in an efficent and intelligent way by FCC to address the variety of issues contained within the 4th edition. As a result, FCC can focus on three priority topics (Tobacoo, UV, and ECAC) whilst still addressign a arge number of actual issues.

Central to this approach is developing and implementing a suitable initiative to promote ECAC. On this measure, FCC has created a highly innovative and memorable campaign (Prolongitudine), which is one of the most creative methods used to promote ECAC. Several other cancer societies and have expressed in replicating the campaign in their respective countries in 2017. What's more, the method used for promoting the campaign by FCC in 2017, of focusing on one message per month, is an approach that can also be replicated across Europe.

Challenges that remain over the coming years include addressing the rising number of women smoking, providing adequate treatment and after-care for the increasing number of cancer survivors, and dealing with complex multi-morbidities amongst an ageing population. These issues underline the essential importance of embedding preventative measures within individual behaviours and societal factors.

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Conclusions

The goals of the site visits were to learn about good practice for promoting ECAC, to understand the method used by the host organisations, and collect relevant material relating to the ECAC activities. This process has proved to be a highly rewarding and useful method for the ECL secretariat to identify best practices for communicating ECAC and to understand the prioritisation, of the host organisations.

Each host organisation presented a wide array of effective practices to communicate ECAC, and clearly explained the methodological process and prioritisation involved in developing their cancer prevention actions. All the host organisations made concerted efforts to promote ECAC and the related to messages to young people. This corresponds with the information provided by cancer leagues since the launch of the 4th edition of ECAC in 2014 that communication to younger people should be a key priority for the dissemination of ECAC. To act upon this priority, the site visits have highlighted how it is essential to have functioning partnerships with other sectors and key stakeholders, such as in the education sector. Without these connections, the impact of the ECAC would be diminished.

A noticeable point of divergence amongst the host organisations was the means by which they achieved the common goals to the respective target groups. This is most evident in the decision to promote ECAC in its entirety or to focus on specific messages or groups of recommendations. For some leagues, it is only with the 4th edition that they now feel that it is appropriate to communicate the ECAC as a comprehensive package. However, as shown during the site visits, not all promoters of ECAC feel that it is appropriate to disseminate the entirety of ECAC and prefer to focus on specific messages instead. It will be important for ECL to monitor the impact of those initiatives promoting the ECAC, as a whole, for the first time to understand how this method is appreciated by the target population.

Reflecting on the learning provided by the site visits and the information accumulated from each of the highly informative visits, the following remarks can be made:

- **Collaborations are essential for the effective dissemination of ECAC** – leagues have shown excellent work in collaborating with the education sector and health professionals to promote ECAC in schools and healthcare settings. One of the challenges that remains is to integrate the ECAC into the curriculum of healthcare professionals in training;
- **Cooperation with governmental level is fundamental to enact the recommendations** – the host organisations commonly pilot actions and then encourage the governmental level to take over and scale up the activities. This approach has worked well but may come under strain given restricted financial resources for health systems;
- **ECAC can and has been well promoted as comprehensive package** – the visits demonstrated examples of how leagues have attempted to communicate the ECAC in comprehensive way. The possibility of replicated successful actions between countries, such as the *Prolongitudine* campaign, should be explored and supported via ECL. However,

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sensitivity must be given to cultural and other contextual factors. The diversity within Europe is a major limiting factor to developing and implementing a consistent Europe-wide communication of ECAC;

- **Evaluation methods for ECAC commonly used by cancer leagues should be shared between peers** – the site visits demonstrated the important measures taken to evaluate the respective cancer prevention actions of the host organisations. This knowledge and skill base could be turned towards providing reliable feedback mechanisms from the general population, via cancer leagues, about the impact and appreciation of ECAC as implemented across Europe;
- **There are difficulties with communicating and action upon the wider health determinants addressed by ECAC** – cancer leagues are experts in taking action on the major risk factors for cancer, as shown in the work undertaken in tobacco control. However, those risks for factors cancers at a more distal level present very specific communication challenges, for example in the ECAC message concerning radon exposure. Therefore, ECL should use its network capacity to identify and promote amongst cancer leagues examples of good practice undertaken on the environmental risks;
- **Successful communication makes best use of existing assets** – all host organisations presented several examples of where the assets of the organisation (ranging from initiatives such as “Relay or Life”, the organisation of cancer screening services, or the army of volunteers supporting the leagues) are used to simultaneously promote ECAC. This approach has proved to be a highly effective strategy and could potentially be further mainstreamed across all actions. There is great potential in exploring how primary prevention (operationalised by the communication of ECAC) can be accommodating inside secondary prevention (via organised cancer screening programmes), and ultimately in tertiary prevention. Leagues with the capacity to pilot such initiatives should encouraged to so and cooperate with peers in other cancer leagues from an early stage.

In conclusion, the site visits have highlighted the varying inventive methods leagues have adopted to promote ECAC. These actions display the strengths of each host organisation and serve as a reminder of the diverse possibilities available to promote health in the specific cultural and political contexts in which these organisations operate.

Nonetheless, all societies within Europe face the same public health challenges of ageing populations, couple with rising burden of chronic illness. This emphasises the need for collective and sustained efforts to prevent cancer by putting into action the recommendations of ECAC at individual and population levels.

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Annex 1: Agenda of Pilot Site Visit to Irish Cancer Society, Dublin

Institution: Irish Cancer Society
Date & time: Tuesday 3rd November 2015 (9:00 – 14:30)
Address: 43/45 Northumberland Road, Dublin

TIME	DESCRIPTION	ICS PERSONNEL	ROOM
9:00 – 9:30	Arrival and introductions	Kevin O Hagan & Joan Kelly	Community Room
9:30 – 10:30	Presentations: Overview Irish Cancer Society's work in primary and secondary prevention • Discussion of presentations	KOH & Joanne Vance Sarah Chadwick CPO Rachel Burke	Community Room
10:30 – 11:00	Advocacy Work	Eoin Bradley	Community Room
11:00 – 12:00	Good practice in communicating the European Code Against Cancer 1. January 2015 EU Code campaign and approach to communicating prevention messages and platforms used 2. National Cancer strategy	11.00 -11.30 Orla & Robert 11.30- 12.00 John Mc Cormack	Community Room Front 45
12:00 – 13:00	Interview with cancer prevention specialist / ECL contact point	Kevin O' Hagan & Joan Kelly	Front 45
13:00 – 13:30	Discussion of planned European Code Against Cancer activities 2016 Feedback and concluding remarks		Front 45
13:30 – 14:00	Lunch		
14:00 – 14:30	Tour	Joan Kelly	Daffodil Centre

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Annex 2: Agenda of Site Visit to MCMCC, Warsaw

Timetable of ECL delegation visit in Poland

(17-18 March 2016)

17 March

10:00 Working breakfast at Hotel Bristol, 42/44 Krakowskie Przedmieście Street

1. ECL delegation
2. Health Promotion Foundation (HPF)
3. Warsaw Cancer Centre and Institute – WHO Collaborating Centre

12:30 Meeting at the seat of Warsaw Metropolitan Archbishop, 17/19 Miodowa Street

4. Cardinal Kazimierz Nycz
5. Katarzyna Głowala, Deputy Minister of Health (tbc)
6. Senator Andrzej Wojtyla, former Minister of Health and former Chief Sanitary Inspector
7. Anna Czech, member of Polish Parliament, Malopolska European Cancer Code project
8. Representatives of Health Promotion Foundation
9. Representatives of Warsaw Cancer Centre and Institute – WHO Collaborating Centre

Topics to be discussed:

1. The role of church, parliament and government in promoting the Cancer Code

2. Promotion of the Code during the World Youth Days in July 2016 (the biggest worldwide youth event organized by Catholic Church)

3. Implementation of school-based program for promoting the Code in Poland and other European countries

14:30 Meeting at the Ministry of Health Chief Sanitary Inspectorate, 65 Targowa Street

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10. Deputy Chief Inspector (tbc)
11. Marcin Bombrych, Director of Public Health Dept.
12. Senator Andrzej Wojtyla, former Minister of Health and Chief Sanitary Inspectorate
13. Representatives of Health Promotion Foundation
14. Representatives of Warsaw Cancer Centre and Institute – WHO Collaborating Centre

Topics to be discussed:

1. The role of Chief Sanitary Inspectorate and its service in promoting the Cancer Code in Poland

2. Activities of the Inspectorate that may strengthen the Code recommendations:

- tobacco control program
- school-based programs for diet and physical activity
- preventive vaccination
- other

3. Research and training projects

17:00 Dinner at "U kucharzy w Arsenale" restaurant, 52 Długa Street

18 March

10:45-14:00 2nd Warsaw Oncological Conference

Polish Academy of Sciences, 72/74 Nowy Świat Street

15:00-17:00 Guided tour at the Museum of the History of Polish Jews, 6 Anielewicza Street

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Annex 3: Agenda of Site Visit to Portuguese League Against Cancer, Oporto

Liga Portuguesa Contra o Cancro - NRN

Estrada Interior da Circunvalação, 6657

4200-172 OPORTO

Friday 25 November 2016

TIME	DESCRIPTION
9:00 – 9:15	**Arrival and introductions**
9:15 –10:15	**Session 1** • **Context of cancer burden in host country / region – Maria José Bento** • **Overview of host's work in investigation – Rui Medeiros**
10:30 – 11:00	**Session 2** • **Overview of host's work in primary prevention and status of implementation of 12 messages of European Code Against Cancer – Cristiana Fonseca**
11:15 – 13:00	**Session 3** • **Presentation of the host's work combined with visit to the departments**
13:00 – 14:30	**Lunch**
14:30 – 16:00	**Session 4** • **Discussion of planned future activities** • **Visit to volunteer department**

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Annex 4: Agenda of Site Visit to Belgian Foundation Against Cancer, Brussels

Fondation contre le Cancer

Chaussée de Louvain 479, 1030

Bruxelles

Vendredi 8 Décembre 216

TIME	DESCRIPTION
	Arrival and introductions
9:30	**Session 1** • Context of Cancer burden in Host country (Dr. Mathijs Goossens, spokesman of Foundation against cancer)
10:00	**Session 2** Overview of hosts work in prevention and presentation of Tabacstop (Dr. Mathijs Goossens, spokesman of Foundation against cancer and Christine Plets, Tobaccologist)
10:30	**Session 3** • AC: how has the ECAC been used in Belgium (Marie-Noëlle Rasson, Prevention project coordinator)
11:30	**Q&A**

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