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Statement

Brussels Statement document

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1. Introduction

The European Breast Cancer Conferences (EBCC), first held in Florence in 1998 and subsequently in Brussels in September 2000, are the largest of their kind in Europe. They are not only different in their size, but also in their outcomes. Driven by the desire for change of the different participants, the conferences take 'political' decisions on the future of breast cancer research, treatment and care, and then follow closely their translation into reality by the three organising bodies.

Specifically, the conferences aim to bring about more co-ordination in breast cancer research; more education of primary care providers in breast cancer issues; and to sensitise politicians and women to the problems surrounding the disease. A new and exciting era in breast cancer research is dawning, and the opportunities are there to be grasped [1].

On the last day of each conference, participants vote on the preparation of a series of demands, and the organisers are required to report back on their actions at the next conference, in this instance in Barcelona in March 2002.

This *Brussels Statement* was formulated during the closing plenary session of EBCC-2 on 30 September 2000 by clinicians, scientists and healthcare consumers representing 3150 participants. It sets the agenda for the future activities of the three major groups involved in breast cancer research, treatment, prevention and advocacy:

- The Breast Cancer Group of the European Organization for Research and Treatment in Cancer (EORTC-BCG)
- The European Society of Mastology (EUSOMA)
- EUROPA DONNA, the European Breast Cancer Coalition.

It is hoped that the objectives outlined in this document will stimulate much-needed change in the field of breast cancer. EORTC-BCG, EUSOMA together with the breast cancer advocacy activities of EUROPA DONNA, will work towards these goals by lobbying European Governments and the European Commission and by mobilising health-service providers, the scientific community and the health care industry.

Breast cancer is the commonest cancer and the most frequent cause of cancer death in women throughout Europe [2]. Because of its importance and its potential for successful treatment, breast cancer deserves special attention and effort.

2. The Brussels conference makes the following statements:

2.1. Breast cancer should be managed in multidisciplinary clinics

Following the Florence Statement [3] which established that all women should have access to fully equipped, dedicated breast units, the three Societies have produced European Guidelines defining the requirements for such units. These European guidelines stress the importance of multidisciplinarity (i.e. the

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collaboration between surgeons, radiologists, clinicians, pathologists, etc.) and multiprofessionality (i.e. the collaboration between doctors, nurses, psychologists, social workers, etc.).

The Conference demands that national governments establish and accredit breast units in their countries in accordance with the Guidelines and ensure that breast cancer diagnosis and care are carried out in those units.

All breast units should develop quality assurance programmes entering their data onto a common European database. The Conference pleads for all the breast units to collect data on incidence and mortality and to pool them in a common European database.

2.2. Breast cancer screening

The conference acknowledges the important contribution made by mammographic screening to decreasing mortality and improving breast cancer care [4]. All women should be offered full information about the benefits and risks of mammographic screening.

All European women between the age of 50 and 75 years should be offered quality-assured mammographic breast screening free at the point of delivery. Programmes should not be provided without adequate provision for assessment and treatment of screen-detected abnormalities.

2.3. Quality assurance in breast cancer research

The Conference wishes to stress the importance of quality assurance procedures as an integral part of the conduct of studies for all involved disciplines. It invites health service providers and research funding agencies to consider the additional cost for quality assurance procedures as an investment to obtain better outcomes.

Researchers and clinical investigators should recognise the ethical and scientific necessity of always including quality assurance procedures in their study protocols.

2.4. Risk assessment

The Conference wishes to bring to everyone's attention the increasing potentials offered by new methods to assess breast cancer risk for an individual woman and encourages researchers to identify a standardised risk-assessment methodology suitable for European women. This will facilitate research in preventive measures such as mammography and innovative imaging modalities, lifestyle modifications, chemoprevention and prophylactic surgery [5].

In addressing the issue of genetic testing, the Conference agreed that not all women with a family history are at high risk and necessarily need or want a genetic test.

Genetic testing should be provided only after receiving appropriate specialist counselling.

The Conference expresses the opinion that genetic testing should not be encouraged in the absence of protective legislation against socio-economic discrimination.

2.5. Treatment tailoring

The Conference welcomes the progress made in tailoring treatment programmes to individual patients and acknowledges the fact that a great contribution to this progress comes from translational research (i.e. those studies which result from the interaction between laboratory and clinical research) [6].

The Conference wishes to assist in the coming years to a great development of translational research in breast cancer by means of well-funded research projects on frozen tumour specimens for which free circulation among different countries should also be ensured. Legislators on data protection are asked to facilitate this scientific evolution by recognising the importance of these studies.

Informed consented collection of frozen tumour specimens should be obtained from all breast cancer patients as a routine procedure.

2.6. Participation in clinical trials

Randomised clinical trials represent the most effective way of evaluating new therapies, but also offer optimal treatment opportunities. Positive steps should be taken to minimise obstacles to the participation both for patients and clinicians.

Press, broadcasting media and internet providers are invited to increase awareness of the importance of participation in clinical trials as the most important contribution to the progress of medicine and the best option for maximum quality care.

Health authorities and research agencies should give adequate support to national and international data centres conducting clinical trials in breast cancer.

3. Conclusion

This statement sets the agenda for all those involved in breast cancer research, treatment, care and advocacy. The actions called for in the statement will be evaluated and reviewed in Barcelona in March 2002. The authors hope that, at that time, they will be able to report positive changes which will improve the outlook for all those touched by breast cancer, whether as patients, families, advocates, scientists or health professionals.

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