

POWER OF KNOWLEDGE: REDUCING BREAST CANCER MORTALITY

DEFINITION

Breast cancer starts when cells in the breast begin to grow out of control. The tumor is malignant (cancer) if the cells can grow into (invade) surrounding tissues or spread (metastasize) to distant areas of the body. Breast cancer occurs almost entirely in women, but men can get breast cancer, too.

MOST COMMON CANCER FOR WOMEN IN EUROPE

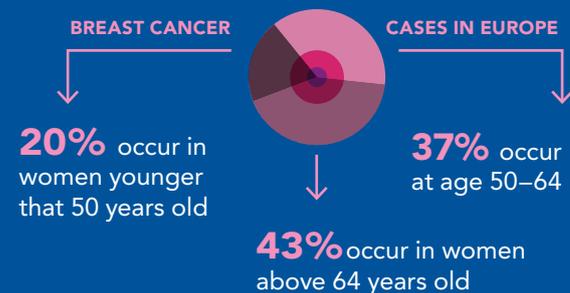
>3.7 million new cases per year



1 in 8 women will be diagnosed with breast cancer over a lifetime.

RISK FACTORS

- Family history
- Unhealthy lifestyle
- Reproductive factors associated with prolonged exposure to endogenous estrogens



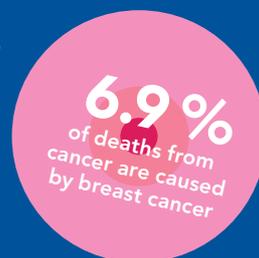
BURDEN



93.5 thousand people died in the EU-28

Among EU Member States, the **highest** standardised **DEATH RATE** for breast cancer among women:

1. Croatia 44.5 per 100.000 inhabitants
2. Ireland > 40 per 100.000 inhabitants




Cancer costs Europe **€126 billion** per year = 1% of total expenditure on health

INCLUDING:

- The cost of drugs;
- The cost of productivity losses due to premature death (people being unable to work due to illness);
- The cost of informal care from friends and relatives.

THE VALUE OF SCREENING AND EARLY DIAGNOSIS

EARLY DETECTION AND SCREENING REMAIN THE PRIMARY DEFENSE AVAILABLE IN PREVENTING THE DEVELOPMENT OF LIFE-THREATENING BREAST CANCER.

MANY DIFFERENCES IN SCREENING AND DIAGNOSING Although the average screening rates for women aged 50-69 across the EU has risen and the gap in screening rates has narrowed across countries in the past decade, breast cancer screening rates still range widely from 23% in the Slovak Republic to over 80% in Finland.

IMPROVEMENT Breast cancer survival rates are rising as screening and treatment improve. In countries such as Finland and Portugal, where breast cancer screening rates among women aged 50-69 are above 80%, the mortality rate is below the EU-28 average. While in countries like Malta and France, where breast cancer screening is around 50%, the mortality rate is higher than the EU-28 average.

Despite prominent disparities, over the past years, breast cancer survival has improved across all EU countries, particularly in Estonia, Czech Republic and Latvia. This reflects significant advances in improved treatments as well as public health interventions to detect a disease at an early stage, and results from a greater awareness of this condition.

POLICY RECOMMENDATIONS

- **INTEGRATE PRIMARY AND SECONDARY PREVENTIVE STRATEGIES** through comprehensive approaches to support the implementation of best practices and to minimize the current inequalities in breast cancer control.
- **ENSURE THAT CARE IS MULTIDISCIPLINARY** and that delivery is timely in specialist cancer units to empower patients with care options while guaranteeing quality.
- Provide patients and healthcare providers with **CLEAR, OBJECTIVE AND INDEPENDENT GUIDANCE** on breast cancer screening and diagnosis.
- **DEVELOP EUROPEAN ACCREDITATION** programmes in cancer screening, diagnosis and treatment based on the European quality-assurance guideline.
- **KEEP ON INVESTING** in training for highly qualified specialists, critical to the quality of care screening and care.