



Press release: Lung Cancer White Paper launched

For immediate release

Brussels, 10 November: A White [Paper](#) aimed at tackling unnecessary deaths caused by lung cancer was launched today in the European Parliament (Tuesday, 10 November) and aims to promote greater access to innovative treatment and more efficient organisation of research.

The authors, the European Alliance for Personalised Medicine (EAPM), say that lung cancer patients urgently need action at the highest level. The document is a direct appeal to EU and Member State policymakers, legislators and regulators.

EAPM writes that improvements will “*depend primarily on greater collaboration between Member States and across the healthcare sector. The collaboration should include patients, caregivers and patient organisations, who have an indispensable contribution to make*”.

Lung cancer is the biggest global killer of all cancers. Fewer than half of newly diagnosed sufferers live beyond a year, with only 16 percent surviving for five years.

It is such a huge killer partly because it is harder to detect in its early stages. By the time a person begins to notice symptoms, it has often spread to other parts of the body and is, therefore, difficult to treat.

The majority of lung cancers in both sexes are caused by smoking, but about 15 percent are not, and the majority of those non-smokers are women, mostly young women.

Lung cancer in women has increased by a staggering 600% over the past 30 years. Today, more are killed each year by lung cancer than they are by breast, ovarian and uterine cancer combined.

Various theories have been posited for this (estrogen as a tumour promoter, is one example) but, put simply, scientists are just not sure.

The [Paper](#) adds: “It is clear that physicians need more effective ways to detect and target these cancers. European Respiratory Society, lung cancer expert Prof. Jean-Paul Sculier, said: “*The battle against lung cancer is lagging behind, for example, the fight against breast cancer. One reason is a general lack of funding for research. More research is desperately needed. Another reason is a relative lack of patient advocacy because so many patients die.*”

Gordon McVie, EAPM Secretary, said: “*More effort is needed in prevention. Public awareness of the disease and the risk factors should be developed, particularly among younger people, women and front-line healthcare professionals.*”

Stefania Vallone, from Women Against Lung Cancer, said: “*Many citizens are asking: ‘Why does Europe matter? How does Europe help us?’ In the era of personalised medicine, the EU can help in many ways. ‘Personalised medicine starts with you and me. It’s all about empowering the patient and giving the right treatment to the right one at the right time - in our case for the lung cancer patients. Sound simple? Well, it isn’t, for a variety of reasons, but the concept is already starting to revolutionise medicine and the way treatment is delivered.*”

The [White Paper](#) notes that *“understanding a new diagnosis is frightening and, because treatments are moving so fast due to developments in science, often confusing. Patients need to realise that treatment strategies will depend on the type of lung cancer, what stage it has reached, their general state of health and more. Add to this the treatment options of surgery, radiation therapy, chemotherapy and established or experimental targeted drugs, plus the various possible side-effects and it becomes a minefield”*. *“Healthcare workers must play a vital role in empowering the patient to allow him or her to fully understand the circumstances and make choices,”* it adds.

With the increased knowledge of the human genome, physicians can analyse a patient’s genetic make-up — with careful consideration to the tumour cells, which can be unique — and target subsequent therapy to treat the individual patient and the individual tumour.

EAPM says personalised medicine allows scientists to investigate a tumour and try to identify genes to predict for drug sensitivity, or genes that may possibly predict patients who will do better and need no further treatment, or those who might benefit from further treatment. In the future, more and more treatment decisions will be based upon the molecular characteristics of an individual tumour. More research could lead to identifying lung cancer earlier, which would increase the cure rates immensely.

Denis Horgan, EAPM executive director, said: *“Personalised medicine for patients with non-small-cell lung cancer is already here. For example, pathologists can perform the most complete and accurate sub-typing of tumours possible. “Next-generation sequencing looks set to allow extensive genetic analysis of single samples, although various technical, logistical and ethical problems - Big Data and data protection, for example - need to be solved.”*

“Legislators have a huge role to play here, without a doubt,” Cristian Busoi MEP added.

Regine Deniel Ihlen, from Lung Cancer Europe summed it up, saying: *“This is crunch time for Europe. The clock is ticking for patients. But there is time. Time that allows us to put the patients at the centre of their own care but it also means prioritisation is the order of the day. “Better health for citizens and patients is essential to Europe’s prosperity. We cannot grow without healthier citizens that can contribute to the Member State and the EU project.”*

Among the [White Paper’s ‘asks’](#) are the need for an acknowledgement that lung cancer is one of Europe’s biggest killers and that the European Union can play an important role in helping to tackle the disease.

It adds that the EU should put guidelines in place that will allow Member States to set-up quality assured early detection programmes for lung cancer, and that there is a need for increased public-private partnerships, such as IMI II. The Paper also calls for increased collaboration between pharmaceutical researchers to find the best treatments for patients, which will reduce the cost burden for individual companies in developing treatment.

Finally, it says: *“Member States and the EU institutions should act together to overcome the barriers to innovation, including recognising the real value of new treatments and making access to them easier, boosting research across Europe, and including all stakeholders – and particularly patients – in policy formation.”*

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