



Ministerial Conference “Women’s health: a life course approach” Rome, 2-3 October 2014

Conclusions on session 4 - “Female cancer” *Rapporteur: Tina Lipušček*

In Europe, **23% of deaths in women are due to cancer**, with cancer being the second most common cause of death in women. The most common cancer sites in women in Europe are breast, colorectal, lung and uterine (2012). However, **one-third of cancers are preventable with lifestyle modifications**. The key aspects of cancer prevention centre around: weight, diet and physical activity. However, tobacco is the single greatest avoidable risk factor for cancer mortality worldwide. Tobacco is increasingly targeting young women and we know that tobacco smoking causes many types of cancers, not only lung.

Many countries are still not meeting minimum recommended intake levels for fruit and vegetables and obesity is increasing Europe-wide. In order to support cancer prevention, **Member States should increase national budgets available for prevention and should explore policies that may work for common risk factors**.

We also know that women play a central role in determining the lifestyle of a family and also in taking care of children, so there is room in future prevention initiatives to focus even more on women. By investing in campaigns for healthy modification of lifestyles, countries will not only contribute to reduction of cancer but also to reduction of other diseases.

We heard about the **Italian experience of using invitations to cancer screening as an opportunity to promote women's health**. Taking the Italian example that a woman in Italy will receive up to 40 invitations to undergo some sort of cancer screening in her lifetime, it is clear that such interventions should be explored, as they could have lots of potential to promote healthy lifestyles across the entire lifespan of European women. It appears that cancer screening could be an ideal setting (a »teachable moment«) to help spread information on healthy lifestyles.

Two clinical trials were carried out in Italy (STI.VI and SPRINT) exploring the effects of counselling on lifestyle modifications on women participating in cancer screening programmes. The conclusion was that counselling was particularly effective in women in the preparation phase of smoking cessation (and not those in the contemplation phase). If we wish to change habits, we must take into account the willingness of an individual to take up recommendation. In order to assess the feasibility and economic justification of such interventions, further pilot studies and randomised trials should be carried out.

We heard about various strategies **to preserve fertility in cancer patients**. This is an important topic for female cancer patients and survivors, as the possibility of becoming pregnant after surviving cancer is a ray of hope and brings about an improved psychosocial state during therapy itself. Chemotherapy can damage ovaries, but there is a possibility of regular menstruation after chemotherapy. There are different strategies to preserve fertility during oncology treatment; practical applications have shown that there is a favourable opinion as to the use of certain drugs to preserve fertility as well as new experimental methods. This topic is significant not just for the possibility of conceiving after completed treatment, but also for contributing to long-term rehabilitation and survivorship for former cancer patients.



At the end of the session, various Member States (Norway, Malta) presented the organisation of preventive and screening measures in their countries. There was also an intervention on post-mastectomy breast construction, with the emphasis that such methods should be safe and easy. Given the projected increase in cancer incidence in the future, it is very important that Member States and other stakeholders in the cancer control community learn from each other's experiences and share information, because **more can be achieved by working together**.