BREAST CANCER IN EUROPE IN 10 QUESTIONS

Women@PACE

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Council of Europe

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Photo of the members of the Women@PACE group during the hearing on "*Identifying barriers in breast cancer detection and treatment*", Strasbourg, 11 October 2022.

The Women@PACE group

The Women@PACE group is a non-political, multi-party and informal platform, open to all women members of the Parliamentary Assembly of the Council of Europe.

It was created in 2022 at the initiative of the Secretary General of the PACE, Despina Chatzivassiliou-Tsovilis, on the occasion of International Women's Day (8 March).

The main objective of this group is to encourage women to participate more actively in the work of the Parliamentary Assembly and to address, from a women's perspective, any issue affecting society and falling within the mandate of the Council of Europe.

On 11 October 2022, as part of the Breast Cancer Awareness Campaign, the Women@PACE group discussed barriers in breast cancer detection and treatment, in the presence of Professor Carole Mathelin. One of the main outcomes of this meeting is the initiative to prepare a brochure on the current state of breast cancer in Europe, with the aim of guiding national parliaments in their efforts to effectively fight against breast cancer.

Terms used

Annual incidence:

The number of new breast cancer cases recorded in a year. The incidence rate is expressed as the number of new cases per 100 000 people per year.

Annual mortality:

The number of breast cancer deaths recorded in a year. The mortality rate is expressed as the number of deaths per 100 000 people per year.

Prevalence:

The number of breast cancer cases recorded in a population, including both new and old cases.

In our paper, we have identified three age groups of women:

- Young women – under 50
- Women between 50 and 69 years old
- Older women – over 70

1. What has been the trend in breast cancer in Europe over the last half century?

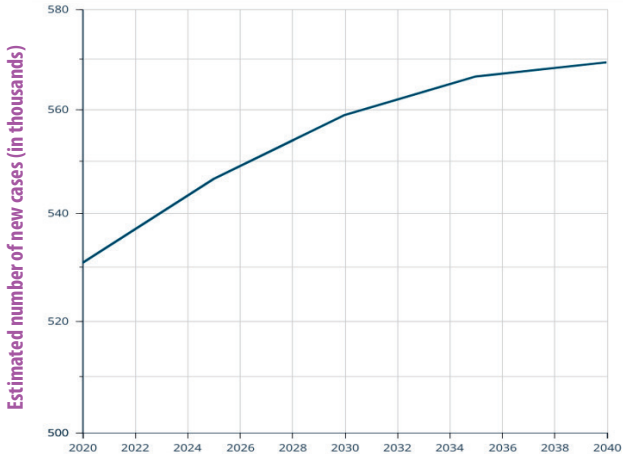
It is not easy to give a very precise answer to this question, as the availability of data on breast cancer varies across Europe. However, there has been a marked increase in the annual incidence of breast cancer (with the number of new cases more than doubling in some European countries over half a century). After a period of rising mortality until the 1990s, there has been a general decline in breast cancer mortality over the last 30 years. Although no link can be established, it is worth noting that this decline coincides with the introduction of breast cancer screening.

One woman out of 12 in Europe is affected by breast cancer

2. What is the current breast cancer burden in Europe?

Breast cancer is currently the most commonly diagnosed cancer in European women and the leading cause of cancer-related death, with approximately 530 000 new cases and 140 000 deaths per year. However, the situation varies greatly from one European country to another. For example, the incidence of breast cancer ranges from 113/100 000 in high incidence countries to 42/100 000 in low incidence countries, with northern and western Europe having a much higher rate than southern or eastern Europe. Breast cancer mortality also varies from 10/100 000 to 23/100 000. In this case, however, mortality is significantly lower in northern and western Europe than in southern and eastern Europe.

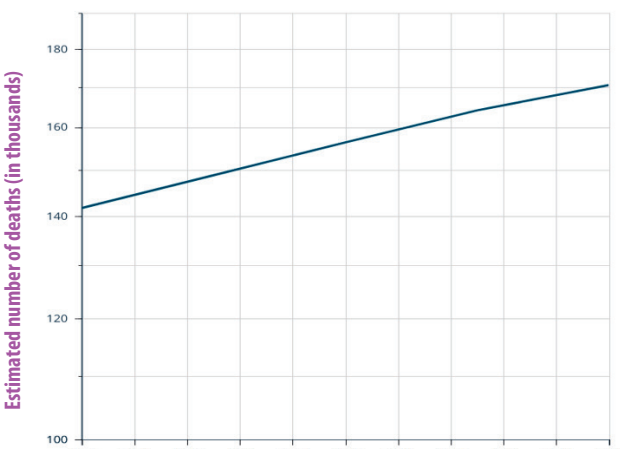
The cumulative risk of breast cancer for a European woman is 6.3% in central and eastern Europe, 8.5% in southern Europe, 9.4% in northern Europe and 9.7% in western Europe. Western Europe has the third highest cumulative risk in the world, after Australasia (10.4%) and North America (> 9.7%).



Estimated number of new cases from 2020 to 2040, Females, age [0-85+]

Breast cancer

Albania + Austria + Belgium + Bosnia and Herzegovina + Bulgaria + Belarus + Croatia + Cyprus + Czech Republic + Denmark + Estonia + Finland + France (metropolitan) + Germany + Greece + Hungary + Iceland + Ireland + Italy + Latvia + Lithuania + Luxembourg + Malta + Republic of Moldova + Montenegro + Netherlands + Norway + Poland + Portugal + Romania + Russian Federation + Serbia + Slovak Republic + Slovenia + Spain+ Sweden + Switzerland + Ukraine + North Macedonia + United Kingdom



Estimated number of deaths from 2020 to 2040, Females, age [0-85+]

Breast cancer

Albania + Austria + Belgium + Bosnia and Herzegovina + Bulgaria + Belarus + Croatia + Cyprus + Czech Republic + Denmark + Estonia + Finland + France (metropolitan) + Germany + Greece + Hungary + Iceland + Ireland + Italy + Latvia + Lithuania + Luxembourg + Malta + Republic of Moldova + Montenegro + Netherlands + Norway + Poland + Portugal + Romania + Russian Federation + Serbia + Slovak Republic + Slovenia + Spain+ Sweden + Switzerland + Ukraine + North Macedonia + United Kingdom

3. What will happen to breast cancer in Europe by 2040 if nothing is done?

According to Globocan[1], the number of new breast cancer cases per year will increase approximately from 530 000 to 570 000. Similarly, the number of annual deaths from breast cancer will rise from about 140 000 to about 170 000 by 2040. It is interesting to analyse these projections according to the age of European women. Breast cancer incidence and mortality are expected to decrease in women under the age of 70. On the other hand, if no further specific measures are taken for older women, breast cancer incidence and mortality are expected to increase significantly in women over 70. Raising awareness of this fact is likely to lead to proposals for specific measures for these women at European level. This is essential as life expectancy in Europe will increase in the coming decades.

1. Global Cancer Observatory, https://gco.iarc.fr/.

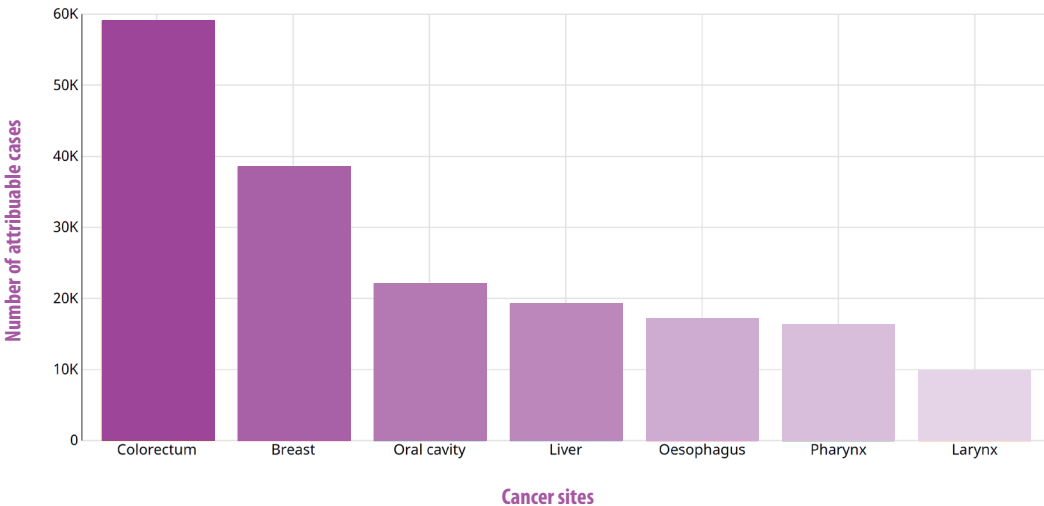
4. What measures could be proposed in Europe to reduce breast cancer mortality in older women?

Breast cancer in older women is a public health problem throughout Europe. The incidence of breast cancer in older women is very high, exceeding 350/100 000 in nine European countries. Mortality from breast cancer in this age group is a cause for concern (over 100 deaths per 100 000 in 30 European countries). Older women are the main victims of breast cancer deaths. Projections for 2040 show a sharp increase in incidence and mortality rates after the age of 70 unless further health measures are taken. It is essential to understand the phenomena underlying these observations in order to propose appropriate steps to slow down or even reverse these trends.

Data show that older women are often diagnosed with breast cancer at a later stage than younger women and that the gap widens with age. As older women have larger tumours, often with axillary lymph node involvement, and their immune systems become weaker with age, their risk of dying is higher. From a societal perspective, when routine screening ends for older women in Europe (at 65, 69 or 74 years, depending on the country), caregivers and women often mistakenly believe that the risk of breast cancer has also ceased. As a result, a breast abnormality in an older woman may be mistaken for normal ageing of the mammary gland. There are also many misconceptions about breast cancer in older women. Some myths, such as "breast cancer in older women does not grow" or "does not kill," are common in European countries, sometimes leading to significant delays in diagnosis or treatment.

All this means that it is vital to improve communication about breast cancer in older women in Europe, to raise awareness that it is very common, tumours tend to progress more easily and there are ways to diagnose it at an early stage. If detected early, breast cancer in older women has an excellent prognosis. Mammography works well in older women and those without serious underlying health conditions should be offered this screening in Europe if they so wish.

Estimated number of new cases in 2020 attributable to alcohol drinking, Europe, both sexes



Data source: Rumgay H et al. (2021)
Graph production: Global Cancer Observatory (http://iars.fr)

5. What are the risk factors for breast cancer in Europe?

Some risk factors for breast cancer are now well known. These include hereditary and familial risks. Having certain genetic mutations may significantly increase the risk of developing breast cancer. This affects less than 10% of women with breast cancer in Europe.

Some women have hormonal risk factors, such as starting menstrual periods early, going through menopause later, having no pregnancies or late pregnancies. These factors moderately increase the risk of developing breast cancer.

Other factors are lifestyle-related. For example, studies have shown that obesity (after menopause) and alcohol consumption are responsible for 15% of breast cancers in Europe. Together with physical inactivity, these are the top three lifestyle risk factors in Europe.

Other risk factors are thought to exist. For example, studies are under way in Europe to assess the impact of pollutants, pesticides, endocrine disruptors and metals on breast cancer risk.

6. What measures could be proposed in Europe to reduce the risk of breast cancer?

For patients with familial or genetic risk factors, early screening is recommended (with physical examinations, mammograms and MRI from the age of 30). In some cases, risk-reducing surgery may be offered.

In general, public health measures could be proposed to reduce the incidence of breast cancer by tackling obesity rates, especially in postmenopausal women, alcohol consumption and sedentary lifestyles (by promoting physical activity). If women are aware of these risk factors, they can take steps to reduce them.

7. Should women in Europe be encouraged to perform breast self-exams?

There is no evidence that breast self-examination reduces breast cancer mortality or all-cause mortality rates. Randomised controlled trials have shown that breast self-examination increases the likelihood of having a breast biopsy and finding no evidence of cancer. There are also disadvantages to breast self-examination, such as increased anxiety, detection of benign abnormalities leading to unnecessary consultations for "reassurance" or delays in cancer diagnosis because the procedure is not performed correctly. Therefore, following the example of various groups and societies, such as the Canadian Task Force on Preventive Health Care, the United States Preventive Services Task Force and the UK National Health Service screening programme, European health policies should not systematically promote breast self-examination. It should be reserved for women who wish to perform self-exams after carefully learning the correct technique and being informed about the benefits and risks.

8. Breast cancer screening raises many questions for European women. Should MRI scans be used? At what age should they start having mammograms?

There is no evidence that MRI screening reduces the risk of death in women without a high risk of breast cancer. There is also no benefit from screening mammography before the age of 40.

Between the ages of 40 and 50, screening mammography reduces the risk of death from breast cancer very slightly, but the harms of unnecessary biopsies are greater than for women over 50. Each European country should choose the age at which to start screening (45, 47 or 50) according to its demographic, epidemiological and organisational characteristics. Between the ages of 50 and 74, mammography screening has been shown to be beneficial in reducing mortality. Each European country should also choose the age at which routine screening ends (65, 69 or 74) according to its demographic, epidemiological and organisational characteristics.

Once routine screening is stopped, awareness-raising activities aimed at older women and health care practitioners are recommended. Regular mammography should be encouraged in healthy older women with a high life expectancy.

9. Are there any health care recommendations for European women diagnosed with breast cancer?

Health care providers specialising in senology are essential for patient care. The European institutions must support and contribute to the development of initiatives aimed at strengthening the initial and in-service training of all health care professionals and the certification of doctors' and surgeons' expertise in dealing with this pathology.

Key measures to ensure high quality breast cancer care include emphasising the need to establish an individual diagnosis disclosure protocol, to make therapeutic decisions in multidisciplinary consultation according to best practice guidelines, to provide a personalised treatment plan and to provide access to oncoplastic surgery, supportive care, innovative treatments and clinical trials where appropriate.

Breast cancer units must meet minimum activity thresholds, as evidence shows that women who have surgery in a unit with more than 100-150 admissions per year have significantly better survival rates and quality of care than those who have surgery in less active units. In England, the threshold is set at a minimum of 100 operations per unit, compared with 125 in Belgium and 150 in many countries (Germany, Italy, Spain), in line with the recommendations of EUSOMA (European Society of Breast Cancer Specialists) and the Senologic International Society (SIS).

10. Inequalities in breast cancer care are a reality in Europe. What were the Parliamentary Assembly's six recommendations to the Council of Europe member States?

The Parliamentary Assembly recommended that Council of Europe member States should:

1. Place the fight against breast cancer at the top of their health agendas;
2. Ensure that everyone with breast cancer has access to quality-controlled breast cancer screening programmes organised at national level and set up in accordance with European guidelines, as well as to accurate, evidence-based information on the potential benefits and risks of participating in such programmes, so that they can make an informed decision on their participation;
3. Ensure that all breast cancer patients, wherever they live, have effective access to quality-assured diagnosis and treatment in specialist multidisciplinary breast cancer units, working in collaboration with national screening programmes established in accordance with European guidelines and promoting shared decision-making between patients and medical teams;
4. Establish and maintain national cancer registries providing reliable data on the situation in the member States and task the registries, inter alia, with informing and raising awareness among the media and the general public of the proper interpretation of this data;
5. Prohibit any discrimination against breast cancer patients on the basis of their disease status, in particular with regard to employment and insurance;
6. Encourage researchers in all Council of Europe member and observer States to work together to advance the understanding of the disease and to improve screening, diagnosis and treatment techniques in order to reduce mortality rates, improve the quality of life of individual patients, reduce overdiagnosis and overtreatment and, ultimately, find a cure for breast cancer.

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The Council of Europe is the continent's leading human rights organisation. It comprises 46 member states, including all members of the European Union. The Parliamentary Assembly, consisting of representatives from the 46 national parliaments, provides a forum for debate and proposals on Europe's social and political issues. Many Council of Europe conventions originate from the Assembly, including the European Convention on Human Rights.

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