

The Hamburg Statement: March 20, 2004



4TH EUROPEAN BREAST CANCER CONFERENCE Hamburg March 16-20, 2004

The partnership driving the European agenda on breast cancer

J. Jassem, M. Buchanan, F. Jänicke, M. Baum, L. Cataliotti, S. Kyriakides, M. Piccart, E.J.T.

Rutgers, A. Costa* <http://www.cancerworld.org/CancerWorld/getStaticModFile.aspx?id=149>

Introduction

Breast cancer is the commonest cancer and the most frequent cause of cancer death in women throughout Europe. However, mortality from breast cancer is decreasing as a result of concerted action by all parties involved (women at risk, doctors, nurses, researchers, patients, journalists etc.). Partnership is paying off. Increasing numbers of breast cancer patients may nowadays achieve a normal life expectancy [1].

All previous European Breast Cancer Conferences produced Statements that became important tools in communicating with politicians and the media and we want to continue building upon this successful approach. Previous statements (Florence, Brussels and Barcelona) addressed the importance of screening programmes, translational research, patient involvement, risk assessment and the need for breast cancer to be managed in multi-disciplinary clinics (breast units) according to the

guidelines recently approved by the European Parliament [2]. The Fourth European Breast Cancer Conference in Hamburg reached a consensus on key issues during the closing plenary session on the 20th March 2004. Clinicians, scientists, advocates and health care consumers representing 3,599 participants used a computerised voting system to formulate the *Hamburg Statement*.

The delegates of the 4th European Breast Cancer Conference wish to give priority to the following four areas:

Academic research

Excessively rigid legislation, unjustifiable administrative restrictions and government budget cuts are threatening cancer research in general, and breast cancer research in particular. In addition, the new European Directive on clinical trials might exacerbate this by leaving cancer research almost entirely to the initiative of the pharmaceutical industry. Whilst not denying the contribution of those pharmaceutical companies engaged in new drug development, the participants in the 4th European Breast Cancer Conference are concerned that this situation will lead to a decline of nonpharmacological research (in surgery, imaging, radiation therapy, treatment tailoring etc.). This negative effect on independent academic research will also encourage even more gifted European researchers to emigrate to the United States to complete their studies and projects.

Participants in the 4th European Breast Cancer Conference call for a more determined financial and structural support to academic research, facilitation of the free circulation of tissue and blood samples within the European Union for research purposes [3,4], and a greater involvement of patients and consumers in research planning and monitoring.

They also propose that funds originating from the E.U. central budget (e.g. a percentage of the current annual tobacco subsidy) are re-allocated to transnational research on breast cancer and also that private donations to breast cancer research are encouraged through the raising of the tax deductibility level currently imposed on such contributions in all Member States.

Individual Risk Assessment

Women increasingly want to know about their individual risk of developing breast cancer [5]. All breast units should put in place special clinics for the assessment of individual risk and develop research in the field. Counselling should include a discussion of all proven risk-reducing measures, their availability within the relevant healthcare system and assistance in privacy protection. As risk-reducing interventions are being developed the issue of their availability, at no cost to the patient, should be addressed.

For women with a serious family history of breast cancer full genetic counselling should be offered and be made freely available, without cost, to the patient. Genetic testing, when indicated, should also be provided at no cost to the patient.

Age limits

Most diagnostic and treatment protocols and procedures in breast cancer have age limits, but evidence is lacking for most of these limits. The 4th European Breast Cancer Conference wishes to draw attention to the growing size of the elderly population and their special needs, and proposes that participation in clinical trials is decided according to physiological status rather than age and that no upper age limit is laid down in the design of standard prevention and treatment plans.

Care after breast cancer

The 4th European Breast Cancer Conference recognises the need to redefine the concept of care for breast cancer patients after primary treatment. Routine continuous follow-up, as currently practised, does not serve women well. Care after breast cancer should not just aim at detecting local relapse and second primary tumours but should also include psychological support and the management of treatment side effects.

*corresponding author; Head of the Breast Unit, The Maugeri Foundation, Via Ferrata 8, I-27100 Pavia, Italy

On the other hand, no consensus seems to exist on the duration and frequency of follow-up, nor on the schedule of requested examinations. For those patients treated outside a research setting, care after primary breast cancer treatment should be planned by the multidisciplinary team and individually tailored following discussion with the patient.

Conclusion

Breast cancer incidence is increasing, and deserves priority. The four aspects addressed in this document: academic research, assessment of individual risk, breast cancer in the elderly and care after breast cancer represent major issues in breast cancer management. Research is fuelling progress, and clinical trials and translational research must be supported. Increasing knowledge of risk assessment should be translated into comprehensive individualised approaches. Better care should be provided to elderly patients and breast cancer survivors.

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

will work towards these goals by lobbying European Governments, the European Parliament and the European Commission and by mobilising health-service providers, the scientific community and the healthcare industry.

You are invited to spread this statement, and the proposals put forward in it, in order to further advance the improvements already made in breast cancer research, treatment and policy in Europe.

The measures called for by EBCC-4 delegates will be reviewed at EBCC-5 to be held in Nice, France in March 2006.

References

1. Hortobagyi GN. The curability of breast cancer : present and future *European Journal of Cancer Supplements*, 2003, **1**, 24-34
2. Jöns K. European Parliament resolution on breast cancer in the European Union, 5 June 2003 (A5-0159/2003)
3. Teodorovic I, Therasse P, Spatz A. *et al.* Human tissue research: EORTC recommendations on its practical consequences. *European Journal of Cancer*, 2003, **39**, 2256-2263
4. Hair JF, McNicol AM, Gusterson BA. Is research on human tissues at a crossroads? *European Journal of Cancer*, 2003, **39**, 2253-2255
5. Klijn JGM, Meijers-Heijboer H. Gene screening and prevention of hereditary breast cancer: a clinical view *European Journal of Cancer Supplements*, 2003, **1**, 13-23

Acknowledgements

The authors wish to thank P. Therasse, H. Meijers-Heijboer, M. Aapro and N. Roche for their input to the statement and their participation in the Final Roundtable Session at

EBCC-4.

This Statement is also endorsed by the European Organization for Research and Treatment of Cancer Task Force Cancer in Elderly (EORTC TFE) and the International Society for Geriatric Oncology (SIOG).

The authors gratefully acknowledge the valuable contribution of Kris Vantongelen (Conference and Project Manager, FECS) in the formation of this statement.

The assistance of Stuart Bell (Communication Manager, FECS) in the preparation of the manuscript is also acknowledged.