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Position Paper

Florence Statement on Breast Cancer, 1998 Forging the Way Ahead for More Research on and Better Care in Breast Cancer

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INTRODUCTION

THE FIRST European consensus on key issues in breast cancer was reached on 3 October 1998 by nearly 1000 clinicians, scientists and healthcare consumers attending a mass voting session at the 1st European Breast Cancer Conference (EBCC-1) in Florence, Italy. The Florence Statement sets the agenda for everyone involved in these key issues in breast cancer research, treatment, prevention and advocacy including the three major groups and organisers of EBCC-1:

- The Breast Cancer Co-operative Group of the European Organization for the Research and Treatment of Cancer (EORTC-BCCG).
- The European Society of Mastology (EUSOMA).
- Europa Donna, the European Breast Cancer Coalition.

This objective-setting document will stimulate much needed change in the field of breast cancer. EORTC-BCCG, EUSOMA and the patient-advocacy activities of Europa Donna will work towards these goals by lobbying European governments and mobilising health-service providers, the scientific community and the healthcare industry. These new actions demanded by the EBCC-1 delegates will be assessed and reviewed in 2 years at EBCC-2, to be held in Brussels from 26–30 September 2000.

FLORENCE STATEMENT ON BREAST CANCER, 1998

Breast cancer is the commonest cancer and the most frequent cause of cancer death in women in every European Union country. Because of its importance and its potentially high curability, breast cancer deserves special attention and effort. The 1st European Breast Cancer Conference calls on the European Parliament to devote a plenary session to breast cancer. The Florence conference also makes the following statements:

On research

Clinical trials are the mainstay for the development of optimal treatment of breast cancer and this conference is committed to encouraging maximum participation in clinical trials. Consumers should be fully involved at all stages in the design and conduct of clinical trials, by clear public information, discussion with ethics committees and increased accessibility to clinical trials.

This conference is committed to the application of pressure on governments, medical charities and the healthcare industry to invest more in breast cancer research, especially into translational studies. In addition, the major European charities are invited to co-ordinate their efforts to avoid unnecessary duplication of research programmes in different countries and thereby release resources to underpin European studies.

On genetic predisposition

Given that knowledge about inherited predisposition to breast cancer is constantly emerging and that management options for mutation carriers are still not proven to be of benefit, the conference resolves that genetic testing should be undertaken in the setting of clinical research only. Such a setting needs personnel and facilities to study further the psychological effects and clinical outcomes in those who present for testing.

Genetic testing represents a potential threat to the privacy and security of women and could lead to commercial exploitation through gene patenting. The conference, therefore, demands national legislation and a European directive to protect women from personal, professional, financial or other discrimination.

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On psychosocial status

This conference believes that the measurement of psychosocial status should be mandatory in the assessment and management of women's health and should not just be part of a clinical trial.

On treatment

This conference demands that those responsible for organising and funding breast cancer care ensure that all women have access to fully equipped multidisciplinary and multiprofessional breast clinics based on populations of around 250 000.

On quality of care

Given the importance of the quality of surgery, radiotherapy and chemotherapy in determining outcome, quality assurance programmes should become mandatory for breast cancer services to qualify for funding from healthcare providers.

Evidence-based multidisciplinary management guidelines defined at national and European level with the consensus of healthcare professionals, voluntary organisations, other health-service providers and consumers will further improve outcome.