



EUROPEAN ACADEMY OF DERMATOLOGY AND VENEREOLOGY
ACADEMIE EUROPEENNE DE DERMATOLOGIE ET VENEREOLOGIE
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Statement

of the European Academy of Dermatology and Venereology (EADV)

concerning EU's roadmap on Europe's Beating Cancer Plan, launched on 4 February 2020

The European Academy for Dermatology and Venereology (EADV) is a non-profit organization with 8,000 members active in the field of Dermatology-Venereology from all European member states and beyond.

The EADV greatly welcomes the initiative of the EU Commissioner on Health and Food Safety, Mrs. Stella Kyriakides, to launch an EU-wide debate on Europe's Beating Cancer Plan. In this context, the EADV wishes to draw attention to skin cancer as a serious cancer that should be included in Europe's Beating Cancer Plan; dermatologists are confronted daily with skin diseases caused by ultraviolet radiation (UVR). Skin cancer is the most frequently diagnosed of all cancers and is primarily caused by natural (sun) and artificial (solarium) UVR. Most importantly, nearly all of these cancers can be prevented. The vast majority of skin cancers are basal cell carcinomas, squamous cell carcinomas (together called non-melanoma skin cancer, NMSC) and melanoma. The number of new cases is increasing at an alarming rate throughout Europe. As life expectancy increases, so will incidences of melanoma and other skin cancers, presenting an increasing burden to our societies. Several points of emphasis are noted below:

1. The individual risk of acquiring skin cancer increases if a person has been frequently exposed to UVR in childhood, adolescence and adult life, both at leisure time and at work. It is important that legislative and other preventive measures are adopted to reduce risk to this exposure. Ensuring that children are well protected from the sun when outside at day care or school would be an ideal time to begin.
2. Even though there is evidence that early detection is important in saving lives otherwise lost to skin cancer, there are currently no formal recommendations for employing screening strategies in the general population or in high-risk groups (immunosuppressed individuals, organ transplant recipients, patients with hereditary syndromes). It is imperative that we develop a European plan for skin cancer screening and prevent the 20,000 deaths caused by melanoma in Europe every year.
3. For the first time, new treatments have improved the lives of patients with advanced melanoma and NMSC. Primary and secondary resistance to these medications must be better understood to further improve survival. In addition, access to novel treatments is not uniform across Europe and the EU should take actions to ensure access to optimal cancer care for all patients and to promote standards of care throughout the patients' journeys.
4. As skin cancer care is moving towards an integrated patient-centred multidisciplinary approach, further studies should focus on assessing quality of life in relation to medical and surgical care.
5. Improving registration of melanoma cases is important for the epidemiological surveillance of melanoma, particularly in the South-Eastern Europe. In addition, creating incentives to include the reporting of NMSC within cancer registries is essential in informing public health policies.



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6. Outdoor workers are particularly at-risk for NMSC, as they are exposed to a higher UVR dose than indoor workers. Implementation of legislative measures to ensure improved sun protection and effective treatments for outdoor workers is urgently needed.
7. Certain skin and mucous membrane cancers are caused by infectious agents (e.g. HPV). Promoting behaviours that reduce the risk of exposure and broadly implementing vaccinations for chronic infections associated with these cancers are important tasks.
8. Inserting skin cancer epidemiology, prevention, and treatment into EU research calls is crucial in enhancing our collective efforts to control skin cancer.

Europe's Beating Cancer Plan is a unique opportunity for a co-ordinated, pan-European action to improve prevention and optimise the management of patients with common and rare skin cancers in Europe. The EADV remains committed to assist the EU in achieving these important goals.

A handwritten signature in black ink, appearing to read 'Carle Paul', is centered on the page. The signature is fluid and cursive.

Prof. Carle Paul
EADV President