

# **Activities of the Nordic Cancer Union**

**A partial report  
September – December 1997**

**Icelandic Cancer Society  
1998**

# A partial report on the activities of the Nordic Cancer Union (NCU) during the period from September to December 1997

## THE ORGANIZATION AND ACTIVITIES OF NCU

This report describes the activities of the Nordic Cancer Union (NCU) during the latter part of the year 1997 only, i.e. from September to December.

The annual rotation of responsibility for the Union's leadership and secretariat between the five Nordic countries used to take place in the summer, usually in August, but NCU has now decided that the annual exchange should be at the end of each calendar year. The year of 1998 will thus be reported as a whole.

## MEETINGS

### **Board Meeting in Bergen, September 4<sup>th</sup> 1997.**

The Union's leadership was in the hands of The Norwegian Cancer Society from August '96 to the end of August '97. The Board Meeting was held in Bergen, Norway on Sept. 4<sup>th</sup> 1997. The annual symposium of 1997, on the theme "Clinical research – a challenge in the Nordic countries", was however cancelled due to lack of participation. As NCU symposia are increasingly facing competition from other similar meetings, their role is currently being re-evaluated.

There now follows a summary of changes and resolutions adopted at the board meeting, concerning the administrative functions of the NCU and new matters of co-operation.

Each national cancer society will take responsibility for the *NCU research-secretariat* for three consecutive years before passing it on to the next society. It will thus remain in Norway during 1998. The chair for the research committee will however change on an annual basis, as it will be held by a representative of the country responsible for NCU's administrative secretariat. Therefore the chairman will be Icelandic for 1998.

*The Union's leadership* will also continue to be passed from one member country to another at the end of each year. Furthermore, the responsibility for the secretariat will now follow the calendar

year and the current holders of the position, Iceland, will cover the interim period from September 1997 until the end of 1998. The annual board meeting should be held early in the year, when the annual report, financial accounts and grants from the Nordic Cancer Union's Research fund are available. The timing of the NCU symposium is however flexible, and does not necessarily have to be in connection with the annual board meeting.

The next board meeting will be held in Iceland in June 1998, together with a scientific symposium on the theme: "Genetics and Environment in Cancer Epidemiology".

*The Faroe Islands Cancer Society* has participated in annual board meetings since 1988 with observer status. From now on, the observer status will also apply to the meetings of the General Secretaries.

It was decided that NCU should take the initiative to arrange a *Nordic Summer School* in Clinical Research, similar to the successful arrangement of the Nordic Summer School in Cancer Epidemiology. Although originally planned in 1998 it will be postponed until 1999.

### ***NCU will celebrate its 50th anniversary in 1998.***

It has been decided to write the *history of NCU* to mark this occasion. It will cover the period from the foundation in 1948 to the present. The editor will be Niilo Voipio from Finland with assistance from Halldóra Thoroddsen from Iceland. Secretarial help will be provided by Sirkka Liisa Neiman from Finland.

### **The Secretary Generals had a joint meeting with the chiefs of information of the Nordic cancer societies in Iceland in October 1997.**

There are further plans for such joint meetings with other professional groups concerned with different activities within the Nordic Cancer Societies. This will enable General Secretaries to keep in close touch with the various co-operative efforts undertaken by the NCU and to learn from experiences and practices within the different national societies.

Following this meeting, NCU's information chiefs were given a new remit, analysing issues arising from cancer screening programmes.

## THE INFORMATION FIELD

The information chiefs are to analyse the following questions:

1. Why do women attend the screening programmes and why don't they? Should women be invited by letter to screenings or left to their own initiative and how should immigrant women be reached?
2. False positive and false negative results from screening, and their effect on women.
3. How does one present information on mammography?

*The evaluation committee* of the information chiefs has met twice to discuss the results of the survey "Children and passive smoking". This project has now come to its end. Articles on the subject have been prepared for publication in the journals "Tobacco Control" and "Scandinavian Journal for Social Medicine".

## THE PATIENT SUPPORT FIELD

There are various ongoing projects within this field, and others that have been completed. A project focussing on *Improving doctors' skills with regard to patients' psycho-social needs* started up in 1993 and will conclude in 1998. Under the auspices of NCU, 21 doctors from the Nordic countries have been educated as teachers, and they have now completed 37 courses attended by a total of 230 doctors. A final evaluation report, by Arnstein Finset and Knut Aspegren, will be issued towards the end of 1997. Follow-up activities are planned or in process in all the member countries. For example, a course will be held in the Faroe Islands on *Doctor-patient communication in the Faroe Islands*. The course will be in Torshavn from the 27th-29th of March 1998 with 8 participants. The instructor is going to be Anders Bonde, a medical doctor trained as a teacher under the NCU scheme.

NCU also allocated a grant to support a course in communication for doctors and nurses, arranged by the Nordic Association for Psychosocial Oncology and the Nordic Association for Palliative Care in Reykjavik, June 1997.

*A textbook in communication* used at the courses in communication arranged by NCU, "Talking to Cancer Patients and Their Relatives" by Ann Faulkner and Peter Maquire, is being translated into Danish, Norwegian, Swedish and Finnish with NCU support. The translated versions are expected to be available at the end of 1998.

After a Nordic workshop in 1996 arranged by

NCU on *psychosocial units*, follow-up activities have started to support the establishment of such units in Finland and Iceland.

With the co-operation of the Nordic Association for Palliative Care, a panel of experts has worked out a proposal for a *Nordic model of multidisciplinary courses in palliative treatment*. These courses are intended to give professional merits to participants. The conference on patient support in Oslo 1997 has been followed up by two related projects:

1. *A workshop, primarily for social workers on the theme: Cancer and means of living/quality of life*. The workshop is planned for September 1998.
2. An expert group has been appointed to evaluate the standards of education and *training programmes for voluntary workers*, and what level of co-operation they have with professionals.

## THE RESEARCH FIELD

The field of cancer research is one of the most important for the Union. In 1997 the Research Committee *allocated grants to the total amount of 5,6 million NOK* to 14 Nordic co-operative projects. There were 40 high standard applications, their quality improving year by year. To obtain a grant, the application has to meet "peer review" criteria, where Nordic relevance and synergism have to be obvious. The scientific level of the project and its connection with cancer is also of great importance, as are the scientific accomplishments of the applicant.

In recent years, NCU has also supported UICC's cancer research programmes via *ICRETT fellowships*. In 1997 the amount granted was US dollars 25,000.

## ECONOMY

The Nordic Cancer Union's financial year follows the calendar year. A special "*distribution key*" is used to distribute the cost of the various co-operational activities between the member countries. This was the distribution in 1997:

Denmark	30.4 %
Finland	5.0 %
Iceland	1.0 %
Norway	18.4 %
Sweden	45.2 %

Each country's share of the costs is decided on the basis of the income acquired by each of the national societies after deduction of public subsidies, if any, and the costs of the fundraising. The NCU budget for 1997 was NOK 7,512.240.

# Reports on the activities of the Nordic Cancer Societies from September to December 1997

## THE DANISH CANCER SOCIETY

### *KRÆFTENS BEKÆMPELSE*

The Danish Cancer Society deals with all aspects of cancer diseases and follows developments within the field closely. Through dialogue and co-operation with authorities and the public health system, the Danish Cancer Society has manifested its role as spokesman of cancer patients and their relatives.

One of our primary objectives is to work for a well-functioning treatment of high quality for the patients and their relatives.

The Danish Cancer Society works for material rights for the patient e.g.

- The right to an immediate diagnosis of the cancer disease
- The right to receive precise and comprehensive information about the plan for the treatment
- The right to receive the necessary treatment so quickly that the major effect of the treatment will be obtained
- The right to a free choice among Danish hospitals including the right to an equal treatment of the disease irrespective of the patient's domicile
- A complete frankness about the results of the treatment
- **Equal opportunities concerning the screening in all the counties**
- Guidelines concerning the waiting lists for all cancer diseases and not only, as today, within breast cancer

We therefore put pressure on the public authorities and the politicians, constantly. We are careful, however, not to make demands that are out of step with society and with the limited resources available. Only by making realistic demands, can the Danish Cancer Society be considered the serious partner that it wishes to be.

In 1997, the Danish Cancer Society took i.a. part in the following:

1. An improvement of the rules for financial support to patients with mouth, throat, or neck cancer, who after treatment no longer are able to eat plain food and therefore need gavage.
2. That the public services have granted a higher amount of money for the psychological support than earlier.
3. To secure that cancer patients will be treated fair and properly whenever applying for traveller's accident insurance.
4. To secure that parents, having a child with cancer, are entitled to receive support from the Social Security.

In 1997, the Danish Cancer Society's expenditures were distributed as follows: approx. 59% for research, approx. 21% for patient support, and approx. 13% for information purposes.

The Danish Cancer Society finances approximately half of the cancer research in Denmark. The contribution to cancer research is made up partly by project grants, which are granted upon application to both scientific and psychosocial cancer research. The remaining part goes to the running of the Society's own research departments, both within biological and epidemiological cancer research. The application terms for obtaining grants from the Danish Cancer Society are equal for researchers from inside and outside the Danish Cancer Society.

The work with the patient support is performed through 6 counselling centres and 7 smaller units that provide psychosocial support for cancer patients and their families. To persons employed, for instance in the health sector, the counselling centres provide training, supervision, knowledge and experience about social and psychosocial problems concerning cancer patients and their families. The Danish Cancer Society extends and strengthens the current co-operation with the public health sector in the areas of counselling, communication and palliation.

The Danish Cancer Society also has a large group of volunteers.

Financial support to cancer patients is a once-only offer of a grant of DKK 3.000.

The Danish Cancer Society runs a telephone counselling service, "The Cancer Helpline", where everyone can receive guidance and advice about cancer. Through the contact with cancer patients, both at the counselling centres and through "The Cancer Helpline", we know that many people supplement conventional treatment with other forms of treatment. In order to give Danish patients the latest update in this field, the Danish Cancer Society is generating knowledge.

The Danish Cancer Society produces both information material on various cancer diseases and on how cancer may be prevented. This material is often produced in co-operation with other organisations.

The Danish Cancer Society has made great efforts within the anti tobacco area towards the young through a Danish project "Young People and Smoking" and ESFA, a European initiative to prevent the young from smoking. Furthermore, the Danish Cancer Society has produced a cinema spot called "Cancer Man" which, based on facts, tried to reach the young with horror and irony.

Also within the area of food and nutrition, the Danish Cancer Society continues and extends the efforts i.a. through a campaign towards several hundreds canteens in work places all over the country.

The Danish Cancer Society has 272.000 members. The Society is represented in 252 municipalities with local units and committees.

In 1997, the income of the Danish Cancer Society amounted to 258 million DKK.

The greatest source of income was testamentary gifts and legacies amounting to 89.7 million DKK. Furthermore, a number of lotteries are arranged each year. In 1997, these lotteries brought in approx. 50 million DKK. Other sources of income are membership fees, house-to-house door-knocking campaigns and capital investments.

For further information concerning the Danish Cancer Society, please contact [www.cancer.dk](http://www.cancer.dk).

# THE CANCER SOCIETY OF FINLAND

## CANCERFÖRENINGEN I FINLAND

The operating year 1997 was characterized by concern for the facts that the incidence of cervical cancer has increased. Screening, which began in the 1960s, has allowed 200 deaths per year to be prevented over the past decade. However, the incidence of the disease has increased by 49% in the past five years. Many studies of various kinds have been carried out to try to shed some light on the unfavourable development. It is possible that risk factors relating to the disease have changed or increased. Screening activities may have been defective in some way. Much effort has been devoted to increasing frequency of participation, training personnel conducting testing, and developing the screening test. Municipalities have also been advised to invite women between 30 and 60 years of age in all seven groups to participate in screening.

The economic recession of the 1990s also meant cancer patients encountered more economic problems. Municipalities cut services, and there was insufficient information to compensate for the situation. The Nordic Cancer Union launched a study on the extent of significant economic problems encountered by patients in the Nordic Countries, in which welfare services are generally advanced.

Genetic counselling has expanded to new regions, and the counselling criteria have become defined. In many areas counselling has succeeded in reaching both the population and doctors who encounter people with concerns about the heredity of cancer. Cancer organizations prepared for the "genetic revolution" by developing their counselling services. Worldwide the tendency in cancer research is towards development of treatments that allow elimination of conditions under which cancer tissue exists.

Reduction of cancer-related problems is an issue that has become increasingly international. This year has seen activity in the form of a united effort to ensure adoption of the Tobacco directive throughout the European Union. Health promoters continue to believe the biggest problems are the power of the tobacco industry, the increasingly rapid development of dependence on tobacco among consumers and short-sighted solutions relating to national economy in many countries.

This year has also made it evident that as success in reducing smoking is achieved, so the struggle needs to continue. In Finland, evidence for this is, e.g. a significant increase in indirect advertising of cigars. New studies on the effects of passive smoking show that it is the third commonest preventable cause of death.

The number of people who called the free helpline (Cancer Contact) was 1670. The number of member organizations rose to 15 when the Cancer Society of the Åland Islands became directly attached to the national central body. Regional member organizations promote health at local levels and defend the rights of patients and their families. Rehabilitation of cancer patients occurs mainly via regional member organizations. This year, initiatives have been taken to develop a statutory plan for rehabilitation under the health care system.

Finns showed faith in the fight against cancer and the Cancer Foundation received many donations and legacies. Two new funds were established. Primary research received grants of 7.9 million FIM from the Cancer Foundation and regional member organizations gave away one million FIM from their funds. The Cancer Foundation is now preparing for its 50<sup>th</sup> anniversary.

For further information concerning the Cancer Society of Finland, please contact [www.cancer.fi](http://www.cancer.fi).

# THE ICELANDIC CANCER SOCIETY

## KRABBAMEINSFÉLAG ÍSLANDS

Krabbameinsfélag Íslands was established in 1951 by foresighted idealists. From the beginning the society's aim has been to support the fight against cancer in every possible way. The activities of the society have been very fruitful and shown remarkable results. With time, this voluntary organisation has developed into a national association consisting of 29 regional divisions, including cancer patients' self-help groups. There are around 10,000 members but the society receives active support from at least twice as many, all on a voluntary basis. At the same time the society is an institution that plays an important role in the Icelandic health service, with about 144 employees filling just under 70 jobs. This development would never have been possible if The Icelandic Cancer Society had not received support from the Icelandic people who have had high regard for the society from the very beginning. The society's activities are primarily financed by donations, income from sale of lottery tickets, sale of remembrance cards and logos and other fund-raising activities. The health authorities are another source of income, through an agreement with the Cancer Society which organizes a Cancer Detection Clinic and carries out a nationwide screening programme for cervical and breast cancer. The society's income in 1997 was 256.510.829 million Icelandic kronur, or about 26.758.901 million NOK.

As the projects of the Cancer Society become more numerous and more demanding, finding the financing for these ambitious activities becomes more difficult.

The Cancer Society has long been responsible for **educating the public about cancer**, for example a regular educational programme on the dangers of smoking in Icelandic schools. We have now taken a new approach. The instructors of the Cancer Society have translated and adapted a new Norwegian anti-smoking curriculum for the Icelandic primary schools. This will be run by teachers who have received preparatory training courses from our instructors. We still continue to offer advice and guidance on creating smokefree places of work and we run regular courses on how to stop smoking for individuals, institutes and businesses.

The Society maintains **two research funds** for Icelandic scientists engaged in cancer research. We run a **Molecular and Cell Biology Laboratory**, with a main emphasis on breast cancer research. The laboratory's biological bank continues to grow and now has specimens from nearly 4000 individuals. **The Icelandic Cancer Registry** is run under the auspices of the Society and negotiations are under way with the health authorities to take a larger financial responsibility for this valuable data bank. The Society has recently prepared facilities for storing an important collection of tissue specimens in paraffin cubes from at least 3 generations of Icelanders all the way back to 1920. These belong to the Department of Pathology at the National Hospital of Iceland. Although Iceland has a small population it offers a quite unique situation for modern cancer research, characterised by the ease with which detailed, reliable information about patients, their diseases, risk factors, biological and histological tissue samples and molecular biological and genetic research can be co-ordinated. All these factors together present a unique opportunity for molecular epidemiological research with the participation of a whole nation. The participants are not only the living members of the population. New knowledge is also generated by studying data on past generations. Research workers from the Molecular and Cell Biology Laboratory and from the Cancer Registry have recently received a large grant \$550,000 from The United States for this very type of research on breast cancer.

The Society runs a **Cancer Detection Clinic** which organises a regular nationwide screening programme for women for cervical cancer (20-69 years) and breast cancer with mammography (40-69 years). The whole screening programme is organised and carried out by The Cancer Society but financed by the health authorities through an agreement with the Society since 1988.

Once a year the Society organises a special screening day for skin cancer in co-operation with dermatologists.

**Contributing to the care of cancer patients.** The Society has in recent years considerably increased its support for cancer patients. For example, cancer patients from the countryside who have to come to Reykjavik for diagnosis and treatment are able to use four flats that we have purchased in partnership with the Icelandic Red Cross and are run by the State Hospitals. There is great demand for these and they have turned out to be a welcome and significant means of support for cancer patients.

The Society runs a Home Care Service providing medical and nursing support for cancer patients in the capital area who wish to stay at home as long as their condition permits. Three medical doctors and seven nurses work in this specialised, charitable service. It is inspired by the ideas of the Hospice movement and combines symptomatic treatment with care and sensitivity for the needs of both the patient and his family during this period. There is a growing demand for this service. The Home Care Service celebrated its 10<sup>th</sup> anniversary in 1997 with an open house for a whole day to introduce their work and received many interested and grateful visitors. The Icelandic Oddfellow-order has recently donated about 30 million Icelandic kronur for redecorating the first Hospice unit in Iceland to commemorate its 100th anniversary. The department will be run by the State hospitals and will hopefully be opened sometime in 1998.

The society has introduced a telephone information and support line for cancer patients, their families and friends and for health personnel. The line has now been running for two years, and the number of calls it receives is growing. Incoming calls are recorded all day but they are answered by two experienced cancer nurses for a couple of hours every day.

Our annual Health run attracted about 1000 people this year but we are facing competition from many other organisations arranging similar events as jogging and running has become a very popular leisure activity in Iceland in recent years.

For further information concerning the The Icelandic Cancer Society, please contact [www.krabb.is](http://www.krabb.is).



# THE NORWEGIAN CANCER SOCIETY

## *DEN NORSKE KREFTFORENING*

### **A year of rejoicing for the fight against cancer.**

1997 was a new record year for the Norwegian Cancer Society! Naturally enough, the Society's work throughout the year was strongly affected by the TV-campaign in November – first the preparations, then the implementation, and finally the summing-up. Not only did the 1997 TV-campaign go down in history as the best ever, thanks to the fantastic pleasure in giving shown by the population, a magnificent effort by the persons responsible for the campaign at central and local level, and by NCS members in all parts of the country. What is almost unbelievable is that the campaign did not compete for income with our traditional fund-raising activities, which maintained the same record high level as in 1996. This can be put down to good cooperation between the campaign to not only bring in money, but also to truly place the fight against cancer on the agenda, and present the Norwegian Cancer Society as a respected, solid and highly credible organization. The wonderful response at all levels showed that we had succeeded.

The confidence shown in the Norwegian Cancer Society throughout 1997 makes us very proud and very happy, but also very humble. It is a heavy responsibility to administer the means and the support that produced this marvellous result. The process made it natural to review our various activities even more carefully, with a view to deliberately expanding our efforts where they are needed most. The process has led to greater insight into various problems and approaches, which has in turn provided a sounder foundation for evaluating where and how the funds should be used in order to give the best possible result. Throughout the year, the society has continued to make plans and preparations for systematic courses of education in communication for Norway's doctors, and similarly for screening by endoscopy for cancer of the colon. Funds from the TV-campaign have already been earmarked for a pilot screening project in Latin America, aimed at reducing cervical cancer in this part of the world. The pilot project is being carried out in the Dominican Republic, El Salvador, Guatemala and Honduras under the auspices of UICC (Union International Contre le Cancer).

Another important event for the Norwegian Cancer Society in 1997 was the publication of the Norwegian Cancer Plan. NCS took the initiative for this plan in 1994, and allocated the sum of NOK 1 million for the work. Several reactions and signals indicate that the plan has been an eye-opener for the authorities. As a member of the Foundation for Health and Rehabilitation, NCS helped to persuade the authorities to raise the sales limit for the family lottery EXTRA from NOK 10 million to NOK 15 million per week. The sum of NOK 142 million was shared between 84 organizations for 418 projects. NOK 10 million was allocated for NCS projects.

The evaluation of activities in the patient support sector is almost finished, and the final report is expected in 1998. The good cooperation with the patient associations has continued. People who really know what it is like to have cancer are our most important resource in our efforts for cancer patients.

Our thanks go to all those who have supported our work, whether by voluntary help or with money. Our efforts to win over cancer would be impossible without the support of the whole Norwegian population.

For further information concerning the Norwegian Cancer Society, please contact [www.kreft.no](http://www.kreft.no).

# THE SWEDISH CANCER SOCIETY

## CANCERFONDEN

### **Riksmarschen (the Swedish health march).**

In 1997 Riksmarschen was arranged for the 4<sup>th</sup> time. Throughout the country there were as many as 1 007 715 people taking part. A comprehensive public health study regarding the connection between life style, health and cancer was made at the same time. A questionnaire was handed over to all the participants. A great deal of the questionnaires were filled out and returned. The data are now being registered and processed at Karolinska Institutet in Stockholm.

The net balance of Riksmarschen was 17 MSEK, of which 7MSEK goes to the associations working with Riksmarschen. Close to 40 000 volunteers in 4 500 associations have been working intensively. The main part of the money benefits the cancer research.

### **Contribution to Swedish cancer research.**

In spite of last years weak national economy, the Swedish Cancer Society has succeeded in maintaining its support to research at a high and stable level. In 1997, cancer research in Sweden was funded by almost a quarter of a billion SEK.

The Swedish cancer research is very successful. The progress is continuously reported in international journals and thereby available to cancer researchers all over the world.

### **The economic living conditions for cancer patients in Sweden 1997.**

The Swedish Cancer Society has in its continuous contacts with the public, hospitals and social workers all over Sweden, found, that an increasing number of cancer patients are facing economic problems and have to turn to the social welfare for help.

Therefore, the Cancer Society had a survey made in order to stress the economic problems that may occur to cancer patients. The intention was to clarify if the local authorities apply the law for social services differently and if the cancer patients risk not getting enough support during the period of treatment.

The conclusion of the survey is that health insurance and social services at present are not designed to let cancer patients keep an acceptable

standard of living or even buy the prescribed medicines.

### **Tobacco.**

A number of information campaigns throughout the year had a great impact in media. At the prospect of a rise of taxes on cigarettes on August 1<sup>st</sup> a well-attended press conference was arranged by the Cancer Society, National Institute of Public Health and Doctors Against Tobacco. The message was that the price rises of tobacco, save lives due to the fact, that many people quit smoking. Up to then the attention from media was only focused on the risk of increased smuggling. Even if the smuggling of cigarettes has increased in Sweden, it is still inconsiderable in comparison with countries in the south of Europe in spite of their low prices on legal cigarettes.

For further information concerning the The Swedish Cancer Society, please contact [www.cancerfonden.se](http://www.cancerfonden.se).

## THE FAROESE CANCER SOCIETY

### *FØROYA FELAG MÓTI KRABBAMEINI*

The Faroese Cancer Society employs only one person, a nurse who works full-time. The rest of the work is done on a voluntary basis. There follows a summary of our activities for the whole of 1997.

The nurse's role is mainly advisory and she offers advice and guidance to cancer patients, their next of kin and others who contact the Society. We have a so-called Help Line which is open from Monday to Friday from 13:00 til 15:00.

“Bót til Bata” (Reach to recovery) is a group of women who have undergone breast cancer operations. These women function as advisors for other women who are waiting for an operation or have just had one. The group has in 1997 increased meetings with women who have had a breast operation. The attendance has been very good. Between 20 and 30 women meet each time - this represents a significant percentage as there are about 150 women in The Faroe Islands who have had a breast operation.

Since our society was established in 1979 the nurse has given advice and guidance to those who have had an operation resulting in a stoma. We have known for a long time that these patients do not receive a satisfactory service from the health sector. There is, for example, a need for a stoma day clinic (ambulatorium). We have pointed this out to the health authorities who accept it is necessary to improve the situation.

In October 1997, a group of stoma-patients was established under the auspices of the Faroese Cancer Society. This group will offer advice to people who receive a stoma-operation and in February 1997 this patient group started meetings. Self-help groups have also been part of our activities this year for cancer patients and/or their next of kin.

We are working on a leaflet about “Diet for Cancer Patients”.

As regards research and prevention, we have taken part in starting up a screening programme for cervical cancer and a cancer registry, both starting in 1995. A Faroese doctor, Jan Dalberg, who is connected to our Society and currently doing research at The Danish Cancer Society, has during the last two years particularly studied cancer in the

Faroe Islands. In this connection he is to give a talk on “Stomach cancer in the Faroe Islands” at the ANCR symposium in Iceland in June.

At the annual NCU board meeting in Bergen in September 1997 it was agreed that the Faroese Cancer Society could also attend the meetings of the General Secretaries that are held about 4 times a year, in addition to attending the annual Board meetings. We welcome this very much. It gives us an opportunity to participate in Nordic co-operation and gives us a better insight into the activities of the NCU, which we appreciate.

Once a year The Faroese Cancer Society has a co-operative meeting with the government of the Faroese Hospitals. During the last meeting in June 1997 improved treatment and care for stoma-patients and improvement in palliative care for terminal cancer patients was discussed.

In February 1997 we arranged education for personnel within the health sector about treatment and care of stoma-patients.

We have furthermore given talks for cancer patients and their next of kin about recovery from cancer and about the role of being a family member of a patient with cancer.

