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Annual Report  
2007  
The Nordic Cancer Union

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**Nordic Cancer Union**  
www.ncu.nu

Collaboration for improved cancer control in Scandinavia since 1980.

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In individual medical questions we encourage you to contact directly the NCU member league in your country.

## Note from the NCU Secretary-General

The Nordic Cancer Union continues its assignment to fund and take forward high quality research within the fields of cancer epidemiology, health promotion and rehabilitation of cancer patients.

A major issue for the NCU last year was the change of account system. Due to new rules implemented by Norwegian tax authorities in 2007, the NCU secretariat had to revise its account system and practises regarding funding of research. Research funding has traditionally been kept the year after it was awarded, but since 2007 the payments are to be kept the same year it is awarded. Previously each member country transferred funds to researchers in its own country. Nowadays the funds are managed wholly by the NCU secretariat, and each member country pays an annual fee according to its population size.

In 2007 the budget of the NCU totalled 1 million euros. The costs were distributed amongst member countries as follows:

Denmark: 27,0 %  
Faroe Island: 0,2%  
Finland: 12,0 %  
Norway: 25,8 %  
Sweden: 34,0 %  
Island: 1,0 %

### Activities

The NCU awarded 750 000 euros to 12 new and ongoing research projects. In addition 250 000 was allocated to two strategic projects. The NORDCAN-project, was awarded 109 604 euros. The NCU arranged two meetings in 2007. In April the secretary-generals and the NCU Board arranged a joint meeting with ANCR on Hurtigruta. The secretary-generals held one meeting in Oslo in September.

During 2007 evaluation guidelines for the Scientific Committee was made in order to improve the committees ability to evaluate research funds in accordance with the NCU strategy. Another case that reached agreement was the decision to initiate a strategic study concerning cancer costs. The NCU was present at and contributed financially to *The Nordic Meeting in Epidemiology and Register Based Health Research* that was held in Gothenburg in June.

The secretariat is happy to denote that the Nordic cooperation in 2007 has resulted in rewarding sharing of information concerning matters such as HPV vaccinations, waiting lists and urgency treatment of cancer patients and how to improve the common strategic work regarding cancer control in the years to come.



Anne Lise Ryel,  
Secretary-General of the  
Norwegian Cancer Society

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NCU  
in short

The Nordic Cancer Union (NCU) was founded in 1949. It is a collaborative body for the Danish Cancer Society, Cancer Society of Finland, the Icelandic Cancer Society, the Norwegian Cancer Society, the Swedish Cancer Society and the Faroe Cancer Society. The Cancer Society in Åland has an observer status in the NCU.

The aim of the Nordic Cancer Union is collaboration to improve knowledge and understanding of cancer diseases, effective prevention, results of cancer treatment and rehabilitation; and to enhance their effective application in the Nordic area.

The Nordic Cancer Union is directed by a Board consisting of the chairmen and secretaries general of the member organisations of NCU. The Board meets once a year. The secretary-generals of the Nordic cancer societies meet 3-4 times a year in order to coordinate joint activities and to prepare decisions to be taken by the Board.

Regular meetings are relevant in exchanging information about ongoing campaigns, activities, discussions and other processes at the national level. Also developments in the international field are followed up and discussed. An important part of NCU collaboration is to encourage collaborative cancer research of high standards among the Nordic research community. NCU has awarded research grants since 1989.

Applications are handled in two phases: first by national expert groups and then by the Nordic Research Committee comprising one qualified representative from each NCU member country. The NCU secretariat is located at the cancer society having the chairmanship of NCU for three years at a time. The secretariat is responsible for general administration and co-ordination of NCU activities, including grant management.

The secretariat is located at the Norwegian Cancer Society for the years 2006 – 2008.

The Nordic Cancer Union adopted a joint strategy in 2005 to encourage Nordic cancer research of high quality. A total amount of 5 million EUR will be allocated to the priority areas during the years 2006-2010.

Danish Cancer Society, Cancer Society of Finland, Icelandic Cancer Society, Norwegian Cancer Society, Swedish Cancer Society and Faroese Cancer Society insist that decisionmakers and authorities at the national, Nordic and EU level must be aware of the relevance of the priorities stated in the strategy and urge for their increased financial contribution.

**Cancer epidemiology will be the first priority**

Special attention will be given to research in cancer epidemiology in order to increase understanding of the causes of cancer, cancer incidence and the course of cancer diseases. This is the basis for developing effective and goaloriented prevention of cancer. It is estimated that 85% of the total cancer incidence is due to detrimental influence from the environment and from life style. Today we know the specific causes of cancer with regard to approx. 35% of the cancer incidence.

Knowledge of health promotion and rehabilitation of cancer patients needed  
Another priority area of the Nordic Cancer Union is research in health promotion. Improved understanding of this area is crucial also in developing effective methods of prevention. In addition, there is a need for increased knowledge of the best way to organise the rehabilitation efforts. This is important as still more patients are being cured or live longer with cancer. The Nordic Cancer Union call for Nordic research on rehabilitation of cancer patients including psychological, social and physical aspects in relation to cancer diagnosis, cancer treatment and living with cancer.

**Strategic projects to focus future cancer control activities**

Special emphasis will also be given to researchrelated projects like monitoring, documentation and analysis of data (e.g. cancer incidence and mortality, survival after a cancer diagnosis). Developments are taking place continuously with regard to diagnostic and treatment issues. The gathering of data, analysis and evaluation of these developments provide essential knowledge for identifying fields in which improvements are needed. Also training of researchers as well as other projects of current interest that are essential to focus cancer control activities will be supported.

**Unique Nordic environment**

The unique Nordic environment is a favourable soil for collaboration in research and documentation within the cancer field. The Nordic countries have special pre-conditions for carrying out extensive representative studies of the population by involving the many databases and registries that exist in the Nordic countries. Also the fairly homogeneous population of approximately 25 million people provides an excellent material for comparative research.

collaboration  
to improve knowledge



# Report

from the NCU Scientific Committee  
2007

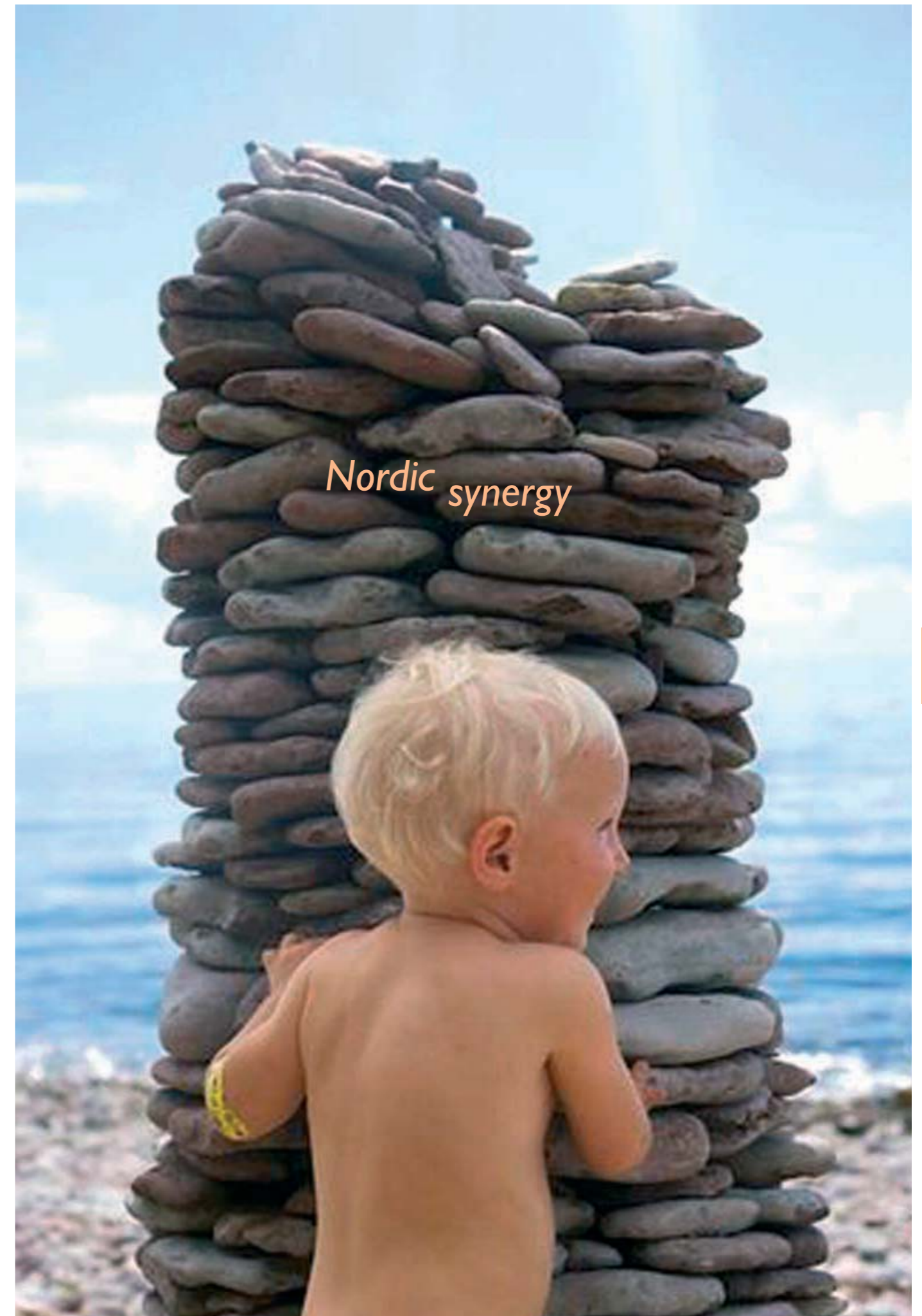
by professor Steinar Tretli,  
Chairman of the  
NCU Scientific Committee

The NCU awarded research grants to 12 projects, in all 750 00 Euro. Four of them were from Denmark, one from Finland, two from Norway and five from Sweden. The amount of money granted was 260 000 euro less than in 2006 when extra funds from NCU savings was available.

The evaluation in the Scientific Committee was based on the strategy document launched in 2006. In addition the awards are granted in accordance to the scientific quality of the project, the competence of the applicants, cancer relevance and Nordic synergy effects. With regard to the signals from the NCU Board at the meeting in April 2007 the Scientific Committee have given special attention to advantages of Nordic synergy.

Four applications differed from the others as they were coming from groups of researchers organized for specific types of cancer. The committee means that these groups are doing a good and necessary work, but it is hard to evaluate the effects of their suggestions and make comparisons with other applications since they do not present specific project protocols. In reference to the guidelines no project should receive awards for more than three years.

The committee advises the NCU Board to include some of the groups' activities in a strategy grant and invite the groups to send more specified and time-limited research protocols to evaluation in competition with other projects. The Scientific Committee can, if desirable, give scientific advice in a strategy discussion.



Nordic synergy

## NCU RESEARCH GRANTS 2007

Main applicant	Project title	Granted amount in Euros
Lene Mellemkjær	Risk of second non-breast cancer after female breast cancer - Joint study from Denmark, Finland (new)	€ 85 000
Lars Rylander	Health outcomes among children whose fathers were treated for cancer: A register-based study comparing assisted and non-assisted conceptions (ongoing)	€ 105 000
Mats Brune	Phase III clinical study of allogenic stem cell transplantation with reduced conditioning (RTCT) versus best standard of care in acute myeloid leukemia (AML) in first complete remission (ongoing)	€ 50 000
Joachim Schüz	Birth weight and Wilms tumor in the Nordic countries (new)	€ 30 000
Karin Ekstrøm Smedby	Common genetic variation in non-Hodgkin lymphoma (new)	€ 85 000
Christoffer Johansen	Life of breast cancer survivors in the diet cancer and health cohort Denmark and Umeå, Sweden (ongoing)	€ 50 000
8 Tom Grotmol	A large population-based Swedish-Norwegian genetic association study of testicular cancer (new)	€ 120 000
Anders Waage	Nordic Myeloma Group (NMSG) - Organisation, clinical trials, translational research and standard care in multiple myeloma (new)	€ 30 000
Christian Geisler	Nordic Lymphoma Group: A nordic collaboration to combat malignant lymphoma (ongoing)	€ 50 000
Richard Rosenquist	Scandinavian population-based characterization of chronic lymphocytic leukemia - Importance of molecular characteristics (ongoing)	€ 30 000
Thor A. Alvegård	Centralized registration - an SSG musculoskeletal research and multi-disciplinary approach (ongoing)	€ 30 000
Heli Nevanlinna	Molecular epidemiology of breast cancer risk and progression (new)	€ 85 000
<b>Total amount awarded</b>		<b>€ 750 000</b>

## NCU STRATEGIC GRANTS 2007

Main applicant	Project title	Granted amount in Euros
Storm, Hans	NORDCAN Cancer cost study (budgeted in 2008)	€ 109 604 € 100 000
<b>Total amount awarded</b>		<b>€ 209 604</b>



# NORDIC LYMPHOMA GROUP

- a Nordic initiative  
to combat lymphoid cancer

by Christian Geisler<sup>1</sup>, Peter Brown<sup>1</sup>,  
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Sirpa Leppä<sup>7</sup> on behalf of the Nordic  
Lymphoma Group

## INTRODUCTION

Malignant lymphoma represents an important medical challenge with approximately 4000 new cases diagnosed annually in the Nordic countries, a number which is growing (Figure 1a.) To meet this challenge, the Nordic Lymphoma Group has, during the last two decades, developed into a strong platform for research in epidemiology, biology and treatment of malignant lymphoma. Malignant lymphomas are cancers which develop primarily in lymphoid cells in lymph nodes, other organs or the bone marrow. The type of lymphoma is closely dependent on the subtype of lymphoid cell that is transformed to malignancy. The World Health Organisation (WHO) <sup>classificationWHO2001-1</sup> comprises 27 subtypes of malignant lymphomas: Hodgkin's lymphoma and 26 non-Hodgkin lymphoma subtypes. This is not only a descriptive classification. We are presently witnessing a true explosion of knowledge regarding the biology of each lymphoma subtype, reflecting the cell of origin, the gene expression pattern of the malignant cells and their interplay with the surrounding tissues and other parts of the immune system. This expanding molecular and cellular knowledge is rapidly being translated into new treatment options for malignant lymphoma, utilising not only chemotherapy but also monoclonal antibodies and biochemical inhibitors of important cellular processes. Figure 1a shows the relative incidence of the main lymphoma subtypes.

The goal of the Nordic Lymphoma Group is to participate in this development and to secure that new insights and treatments are brought out to all patients in the Nordic countries without delay. Altogether, these treatment approaches have already been explored in numerous protocols developed by the NLG or in a collaborative effort with other important lymphoma research organisations such as EORTC, HOVON, European MCL Network, and the results are already benefiting patients. To secure a sharp focus on each lymphoma subtype, the NLG is organised in a number of subspecialising working groups, representing both frequent and the rare subsets. The effort is steered by the Coordinating group which is anchored in the 4 national lymphoma groups. An equal representation of 4 all Nordic countries in each group is intended (Table 1). A strong developmental program platform alone is not enough, however, the results must also be implemented in the community. To serve this purpose a formal network of NLG Study Centres throughout the Nordic countries has been established, now including 27 centres and growing (Table 2).

## WORKING GROUP SUMMARIES

### Diffuse Large-cell lymphoma:

Diffuse Large-cell lymphoma (DLBCL) is the most frequent subgroup, comprising 35% of all non-Hodgkin's lymphomas. The median age is approximately 70 years. There is a curative treatment goal for patients who are fit for intensive combined immuno-chemotherapy, and the results have improved considerably during the last years. Today, approximately 60% of the patients are long-term survivors, but for elderly patients and for high-risk subgroups, the treatment results are still unsatisfactory.

## Key research issues:

- Intensive immunochemotherapy
- Use of growth factor support in curative treatment for elderly patients
- Predictive value of positron emission tomography (PET)
- Stem cell support in first remission
- Molecular predictors for treatment response and long-term survival

## Achievements:

The first large-scale randomized study confirmed that the CHOP regimen and not the more intensive MACOP-B regimen should be considered standard therapy for younger patients based on identical survival and less toxicity. <sup>Jerkeman et al 1999-2</sup> The second randomized NLG study was a four-armed study of elderly patients, which showed that the replacement of doxorubicine with the less cardiotoxic anthracycline mitoxantrone gave clearly inferior results <sup>Osby et al 2003-3</sup> and no survival benefit with the use of G-CSF. In a follow-up study <sup>Bjorkholm et al. 2007-4</sup> risk factors for central nervous system (CNS) relapse were also investigated and currently, NLG is performing a large-scale phase II study on a high-risk patient cohort, with intensified immunochemotherapy and systemic CNS-prophylaxis (CRY-study), aiming at prolonging the time to treatment failure for these patients, who previously had only 30% failure-free survival at three years. This study has accrued 145 of 160 projected patients.

Positron emission tomography (PET) is a promising method using radioactive glucose, for staging and for monitoring response to therapy, and the objective of the current NLG PET phase-II Trial is to study the its predictive value.

Intergroup Trials: NLG has participated in several European intergroup phase III studies, investigating the inclusion of immunotherapy to chemotherapy in large cell lymphomas <sup>Pfreundschuh et al 2006-5, Sonneveld et al 2006-6</sup> and the value of consolidation by high dose therapy with autologous stem cell support in first remission <sup>Linch et al 2004-7</sup>.

Lymphoma Biology: The biopsies available from the "CHOP/MACOP-B" study are presently being further investigated for predictive factors by immunohistochemistry, and the ongoing phase II CRY-study, a number of translational research projects, including gene expression and tissue microarray analyses are ongoing.

## Indolent B-cell lymphoma:

Background: Indolent lymphoma is a heterogenous disease with a highly variable survival, but considered incurable. The prognosis and response to different types of therapies vary with characteristics of the tumor cells but also of the immune cells in the microenvironment. In follicular lymphoma (the most frequent indolent lymphoma) the T-cells in the lymph node has been shown to be related to prognosis, but data are lacking on the impact of different therapies.

## Key Research Issues:

- To improve treatment results by implementing new treatment.
- To translate increased knowledge of the biology of indolent lymphomas into new treatment options

Innovative biological treatment approaches were studied in two consecutive trials with the aim of prolonged failure-free survival without chemotherapy:

1) M39035: a phase II randomized trial evaluating the effect and safety of interferon- $\alpha$ 2a (IFN) in combination with an extended dosing of the monoclonal antibody rituximab.

## Achievements:

The phase II trial of 123 patients trial provided a high response rate 70% including molecular CR following treatment with monoclonal antibody (rituximab) alone, and this response was augmented by interferon- $\alpha$ . <sup>Kimby et al 2008-8</sup>

2) MLI6865: an ongoing randomized phase III study is exploring the possibility of a superiority with the rituximab- IFN combination. This trial the accrual is nearly completed with the accrual March 2008 of 308 out of 313 planned patients. The

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extended rituximab with or without IFN has been well tolerated. Response data (molecular response) are awaited.

**These two treatment protocols have also generated important spin-off projects:**

- the role of the gene expression pattern of tumor cells and immune cells in the microenvironment in the lymph node samples (gene expression profiling experiments in collaboration with Andreas Rosenwald in Würzburg)
- extended immunohistochemical studies and FISH on paraffin sections (also tissue microarray techniques will be used)
- the role of Fc-receptor genotyping and single nucleotide polymorphisms (SNPs) for response to therapy

**Mantle cell lymphoma:**

Mantle cell lymphoma (MCL) is a rare (6-10% of all non-Hodgkin's lymphomas) but aggressive B-cell lymphoma, considered incurable with a median survival of 3-4 years from the time of diagnosis, based on standard and high-dose chemotherapy with stem-cell support.

**Key Research Issues:**

To improve treatment results by implementing new treatments:

- Intensive immunochemotherapy with stem cell support
- Radioimmunotherapy
- Preemptive therapy with monoclonal antibodies

**Achievements:**

Because the MCL I <sup>Trial Andersen et al 2003-9</sup> of CHOP chemotherapy followed by high-dose chemotherapy with stem-cell support did not lead to long-term disease-free survival among the 41 patients accrued, we launched the MCL2 Trial of 160 patients receiving much more intensive immunochemotherapy, which led to highly improved long-term disease-free survival, allowing a belief at least, that cure of this disease is within reach. <sup>Geisler et al 2007-10</sup> The subsequent MCL3 Trial now explores the addition of radioimmunotherapy (isotope-bound monoclonal antibody) to the MCL2 regimens, and has accrued 80 of planned 150 patients.

MCL2-preemptive treatment: Molecular response, believed to be a precondition for cure, was achieved by 90% of the patients in the Nordic MCL2. Molecular relapse is a known harbinger of clinical relapse. Preemptive treatment of molecular relapse with the monoclonal antibody Rituximab, reinduced molecular remission in the majority, and continuous clinical freedom of disease. <sup>Andersen et al 2007-11</sup> The investigation of this approach, now shown to be feasible, is continued in the MCL3 Trial.

**T-cell lymphoma:**

Peripheral T-cell lymphomas (PTCL) represent a rare and heterogeneous group of diseases, accounting for approximately 10-12% of all non-Hodgkin's lymphomas. With the exception of alk-protein positive anaplastic large cell lymphomas, PTCL, is characterized by a poor prognosis (5-yr OS: 25-35%) when treated with conventional CHOP or CHOP-like therapy.

**Key Research Issues:**

To improve treatment results by testing new treatment strategies in phase II and III clinical trials:

- Intensified induction followed by high-dose therapy (HDT) with autologous stem cell transplant (ASCT) in previously untreated PTCL. (Nordic phase II study: NLG-T-01 trial.)
- Intensified chemotherapy induction followed by HDT+ASCT compared to intensified chemoimmunotherapy (CHOP+alemtuzumab) with subsequent HDT+ASCT in previously untreated PTCL. (NLG coordinated international phase III study: ACT trial.)

**Achievement:**

With 150 newly diagnosed PTCL patients accrued The NLG-T-01 trial is the largest prospective phase II study on systemic, non-cutaneous PTCL performed so far and has showed an estimated 3-yr OS of 67% after a 2-yr median follow-up, with manageable toxicity. <sup>d'Amore et al 2005-12, 2006-13</sup> The size of the study will allow PTCL subtype-specific analyses and to identify those patients who benefit of this approach and those for whom a different strategy has to be adopted. It has led to the launching of a new international phase III trial (ACT trial) with a planned accrual of 308 patients over a 4 yr period. Seventeen countries have joined this NLG coordinated international collaboration and the first patients have been included.

**Central nervous System Lymphoma**

Primary central nervous system lymphoma (PCNSL), which comprises only to 1-2 % of all new cases of malignant lymphomas, is a serious condition with a median survival in untreated patients of 2- 3 months. Historically, radiotherapy (RT) has been the standard treatment of PCNSL. The responses induced have mostly been of short duration and the median survival 12-18 months. High-dose Methotrexate (HD-MTX) combined with radiotherapy is very effective and has improved the median survival to 30-46 months. However, this combined modality treatment is hampered by a very high risk of delayed neurotoxicity, which occurs in 90% of patients older than 60 years and is the most common cause of death in long-term survivors. Whereas single agent HD-MTX without radiotherapy does not give sufficient disease control, HD-MTX based multiagent chemotherapy without radiotherapy have given encouraging results with remarkably little neurotoxicity in younger patients. In elderly patients, however, the outcome remains poor. The five-year survival fraction was 75 % in the younger patients as compared to 19 % in the elderly.

**Key Research Issues:**

To improve treatment outcome and minimize the risk of delayed neurotoxicity by implementing new treatment strategies: The now active Nordic CNS Lymphoma protocol is based on Multiagent HD-MTX and HD-Ara C based chemotherapy:

- Immunotherapy with Rituximab in CD-20 positive cases
- Intraspinal therapy with Depocyte
- Maintenance therapy with temozolomide in elderly patients
- No radiotherapy

**Accrual:**

Since protocol activation May 2007 10 patients have been accrued, which is as expected in this rare disease.

**Hodgkin Lymphoma**

Hodgkin lymphoma (HL) comprises about 5-10% of all lymphomas. HL mainly affects young adults and the prognosis is good with a 5-and 10 year survival of 80-85%.

**Key scientific issue:**

To identify ways of minimising therapy with sacrificing the excellent treatment results, in order to avoid long term toxicity.

**Ongoing activities:**

1) Phase-II study 1999-2005: All NLG patients with early and intermediate HL have been included. The design of the study was to reduce radiotherapy volumes and add 2-4 courses of chemotherapy (ABVD). The results are currently being evaluated.

2) SCALE Study: This large epidemiological study was performed in Sweden and Denmark 1999-2001. Patients with a newly diagnosed lymphoma (including HL) were interviewed about suspected risk factors, and blood samples were drawn and stored. We have now gathered tumour material from these patients and are investigating the interplay between benign inflammatory cells in the tumours and clinical outcome.

3) PET study: The NLG HL group will participate in a European study on advanced HL introducing early FDG-PET as evaluation of treatment results and further therapy. The study will start during 2008.





### The future of the NLG

These highly encouraging achievements of the NLG in a broad array of lymphoma entities has now confirmed the validity of the NLG concept of combining

- 1) specialised working groups of highly dedicated lymphoma specialists with
- 2) a solid anchorage in NLG Study Centres throughout the Nordic countries.

Research, clinical as well as experimental, is increasingly expensive. Throughout the years the NLG has received research support both from NCU and other foundations to be used directly for research projects in the working groups. In addition we receive sponsor support from health care companies solely for the organisational aspects of the collaboration including logistics support to the study centres. Without this support, this continuous Nordic effort to combat lymphoid cancer would not be possible.

### Nordic Lymphoma Group Study Centres

<b>Finland:</b>	Helsinki University Central Hospital Kuopio University Hospital Oulu University Hospital Tampere University Hospital Turku University Centre Hospital
<b>Denmark:</b>	Århus University Hospital Herlev University Hospital Rigshospitalet Ålborg University Hospital Odense University Hospital
<b>Norway:</b>	Rikshospitalet, Ullevål University Hospital, Stavanger University Hospital Haukeland University Hospital, Bergen St. Olavs University Hospital, Trondheim
<b>Sweden:</b>	Karolinska University Hospital, Solna and Huddinge, Sahlgrenska University Hospital Norrlands University Hospital Sunderby Hospital Lund University Hospital Linköping University Hospital Halmstad Hospital Malmö University Hospital Sundsvall Hospital Uppsala University Hospital Örebro University Hospital

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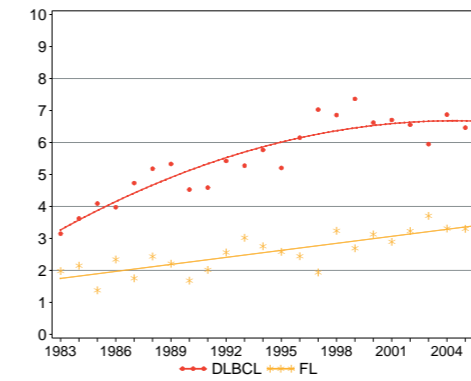
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Fig.1a. Trends of lymphoma incidence in Denmark



The incidence of malignant lymphoma in the Nordic countries is about 4000, and for some subtypes (diffuse large cell lymphoma (DLBCL) and follicular lymphoma (FL) it appears to be increasing. To keep track of the 4000 cases of malignant lymphoma diagnosed annually in the Nordic area, nation-wide population-based lymphoma registration has been ongoing in Denmark and Sweden since 2000. The registries collect data on diagnostic procedures, histopathology, prognostic factors, therapy and outcome and more than 95% of lymphoma patients are included. Currently, both countries use web-based platforms for data input, including reporting facilities that allow the reporting institutions to view and explore own data and compare outcome with national data.

Fig. 1.b. Major lymphoma subtypes Sweden

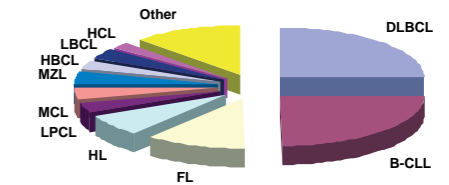


Fig. 1.b shows the relative incidence of lymphoma subtypes in Sweden (DLBCL: Diffuse large cell B-cell lymphoma, B-CLL: Chronic lymphocytic leukaemia, FL: Follicular lymphoma, HL: Hodgkin's lymphoma, LPCL: Lymphoplasmacytic lymphoma, MCL: Mantle cell lymphoma, MZL: Marginal zone lymphoma, HBCL: other high grade B-cell lymphomas, LBCL: other low-grade B-cell lymphomas, HCL: Hairy cell leukaemia)

Fig. 2a. Longitudinal overall survival – DLBCL - Denmark

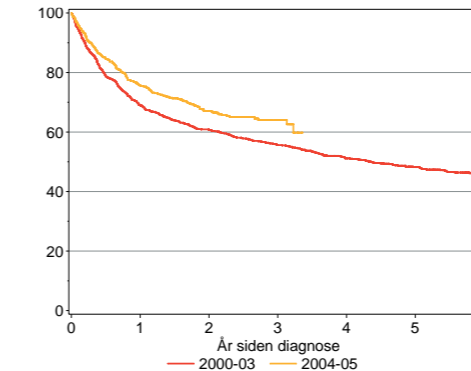


Fig.2b. Longitudinal overall survival – DLBCL - Sweden

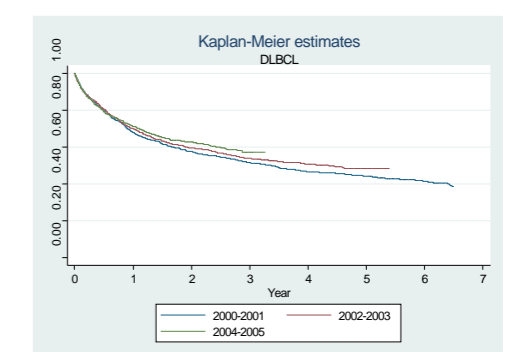


Fig. 2c. Longitudinal overall survival – FL grade 3

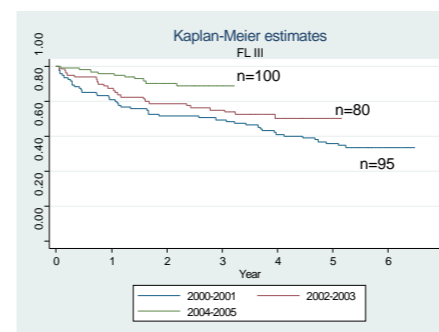
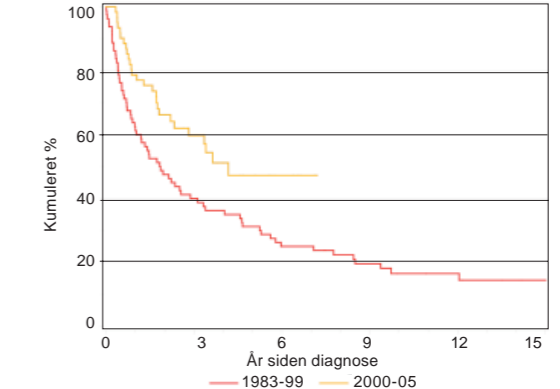


Fig.2d. Longitudinal overall survival – Testis - Denmark



Since 2000, significant improvement in survival has been noted for several lymphoma subtypes, such as diffuse large B-cell (Fig. 2a and 2b, follicular lymphoma (fig 2c.) testicular cancer (Fig.2d).

# The Danish Cancer Society

- Kræftens Bekæmpelse

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President of the Board: Frede Olesen, Professor, Dr. Med. Sci.  
Managing Director: Arne Rolighed

## Structure of the Organisation

The Danish Cancer Society is a democratic organization with more than 400.000 members. 2007 was the first year after the governmental restructure of local and regional levels in Denmark. The Danish Cancer Society changed its structure at the same time. A new regional committee in each of the 5 new regions has been set up. Local committees in each of the 98 new municipalities have been established. The voluntary organization has in many municipalities and in the regions managed a positive dialogue with politicians, who are interested in cooperation with the Danish Cancer Society.

## Income and Costs

As far as concerns fundraising and income 2007 was a very successful year. The Danish Cancer Society had the highest income ever this year as the income was 62.4 million euro. Inheritance accounted for 18.4 million euro, lotteries accounted for 5.1 million euro, and the annual door-knocking campaign for 3.6 million euro.

In 2007, the Danish Cancer Society distributed costs on the following target areas: Research 25.7 million euro; patient support: 12.6 million euro; prevention and information: 9.7 million euro; administration: 3.3 million euro.

## Acute Cancer Treatment

In 2007 the Danish Cancer Society demanded that the health authorities should establish acute cancer treatment in Denmark.

Through a doctoral research project it was evident that the Danish cancer patients' average waiting time for treatment was 99 days. The Danish Cancer Society estimated that at least one cancer patient died per day due to waiting time. This was an unacceptable situation, hence the demand for acute cancer. The initiative was welcomed and supported by most health professionals. Finally, the regional and national decision makers made an agreement to fast track all cancer patients' pathway through the health system. The agreement was followed up by investments in primarily diagnostic equipment.

## The Danish Cancer Society's Strategic Committee

In order to pursue the ambition of the Danish Cancer Society a Strategic Committee was established. An amount of 75 Mio DKK (10 Mio EURO) was assigned to the committee, which will support projects within patient empowerment and cancer voices. Furthermore, the Strategic Committee will support projects concerning social inequality and side effects, etc.

## Research

The Danish Cancer Society's research pivots on two key areas: biological, experimental research and epidemiological research. In 2007, Danish Cancer Society researchers published more than 150 articles in leading international scientific journals.

## Institute of Cancer Biology

The aim of the Institute of Cancer Biology is to carry out research intended to understand the molecular mechanisms underlying cancer and to bridge the gap between basic and clinical research for the benefit of the patient.

The Institute consists of 6 Departments: Cell Cycle and Cancer, Proteomics in Cancer, Molecular Cancer Biology, Apoptosis, Tumor Endocrinology and Laboratory of Cancer Genomics. In addition, there are two research Centres affiliated to the Institute: The Danish Centre for Translational Breast Cancer Research (<http://www.dctb.org/>) and the Centre for Genotoxic Stress Research ([www.genotoxic.dk](http://www.genotoxic.dk)).

Within the biological research area one should highlight the publications in some of the world's leading scientific journals Science, Nature and Cell by the Cell Cycle and Cancer Department. The department has succeeded in mapping what appears to be the earliest human defense against cancer.

Another significant event was the publication in Molecular Oncology by teams from the Institute and Rigshospitalet concerning the identification of breast cancer cells that share some of the phenotypic characteristic of putative stem cells. A better understanding of the biology of these cells is expected to lead to better diagnosis as well as to the development of new medicines and targeted treatments.

A major development in 2007 was the launching by a member of the Institute of a new journal, Molecular Oncology, in collaboration with the Federation of European Biochemical Societies (FEBS). The journal will foster the development of discovery-driven translational cancer research, an emerging discipline that relies on knowledge-based, multidisciplinary approaches to derive new diagnostics, targeted drugs and treatments for the benefit of the cancer patient.

Marja Jäättelä, head of the Apoptosis Department, was awarded the Novo Nordisk Prize for her discovery of the lysosome as a central regulator of programmed cell death and the role of the Heat Shock Protein for the survival of cancer cells. She was also elected member of the EMBO.

The Institute has participated in 4 projects funded by EU's 6th Framework Programme (FP6) and is currently negotiating contracts under 2 FP7, thus demonstrating the integration of our research into the European research strategy.

## Institute of Cancer Epidemiology

The main objectives of the Institute of Cancer Epidemiology are 1) to search for yet unknown causes of cancer in the environment and in our genes and 2) to investigate and describe serious negative consequences of treatment for cancer among cancer survivors. While the first purpose may help health professionals to more effectively prevent the occurrence of new cases of cancer in the population, the second purpose may help physicians to adjust and individualize the treatment for cancer, so not only the likelihood of survival is a measure of success, but also quality of life in the years and decades following the completion of treatment.

The Institute consists of 7 research groups: Genetics and Medicine; Diet, Cancer and Health; Psychosocial Cancer Research; Virus, Hormones and Cancer; Occupational Cancer; Environment and Cancer; and Statistics and Epidemiology. The main outcome of the work at the Institute is new and original research findings publishable in high-quality international research journals using peer review.

Among the most important results in 2007 is the contribution of the Institute to the testing and implementation in Europe of the first vaccine against Human Papilloma Virus (HPV). Our research and others have shown that this virus is a cause of the majority of cancers of the uterine cervix in the Nordic countries and in the rest



of Europe. Our group has shown that the vaccine, when given to girls and young women, is able to almost completely prevent new cases of premalignant lesions in the uterine cervix, indicating that the vaccine will become a powerful instrument in the fight against cervical cancer.

Another very influential research result of ours and of others in 2007 (and the years immediately before) is the realization that regular work at night during long periods may represent a risk factor for breast cancer independently from other known causes of this type of cancer. Research from Denmark, Norway, Sweden and the USA has recently been evaluated at the Agency for Research on Cancer (IARC)/WHO, and "shiftwork that involves circadian disruption" is now regarded as probably carcinogenic to humans. Accordingly, it is now placed on the WHO list of carcinogens in group 2A (i.e. as a probable carcinogenic exposure to humans).

In 2007, the Institute received funding from NordForsk, an organization governed by the Nordic Council, in order to set up a Nordic research network in the area of health effects of a diet including whole grains (HELGA). The researchers will investigate the importance of whole grain in the prevention of cancer and in the prognosis in individuals who have already developed a cancer.

#### Unit for Documentation and Quality

In August 2007 a new unit was established in The Danish Cancer Society. The primary goals of the unit are to document the quality of cancer treatment in Denmark and to provide proposals for improvement. The unit focuses on securing high quality and safety in all phases of the patient pathway. Quality is conceived in three dimensions: clinical, organizational and patient experienced quality.

The unit will focus on collecting and providing information on national and international experiences so that new scientific results and best practises from cancer treatment find their way to and are implemented in the Danish health care system.

In 2007 cancer was defined as an acute disease as per agreement between the government and the regions - the latter deliver health care in Denmark. For the Danish cancer patient this entails that diagnostic procedures must start within 48 hours from referral from the general practitioner and only clinically reasoned waiting time is acceptable during the patient pathway at hospital. One of the important tasks of the new quality unit is to examine the implementation of and monitor the outcomes of this initiative.

#### Patient Support

The patient support department has for some time considered how to modernize the patient counseling centers, to make them suit the needs of cancer patients even better. We are experimenting on how another professional approach together with a different kind of architecture can make new things happen by designing rooms and space in other ways. – It is already obvious, that it does attract a broader range of cancer patients, especially more men and more families with children.

A new counselling center in Aarhus will no doubt stand out, when it is ready in spring 2009. It has been designed by the famous architect, Frank Gehry, who uses a lot of wood and glass in innovative ways to obtain a synergy between architecture, esthetics, health and quality of life.

Another main issue in 2007 has been how to increase user involvement. The department wants to establish a major focus on involving the experience and expertise of cancer patients. This can bring in new perspectives on the need for improvements, both in the work of the department and on the hospital wards. As a further step in the same direction our advisory board has appointed user involvement as a special field of action. And they advocate substantial means for appropriate research projects to go with it.

#### Prevention

##### Smoking ban

From August 15th 2007 a smoking ban has come into force within Denmark.

The new law allows smoking in one-person offices, special rooms for smoking and smoke stations. Furthermore bars which have an area less than 40 square meters may decide whether they are smoke-free. The political parties in power will revise the law in August 2010. The Danish Cancer Society is working for an improved law that bans indoor smoking in all workplaces and public places – a ban with no exemptions.

The decline in the number of smokers in Denmark has stopped for 3 years at 25%.

##### Sun Campaign

In order to reduce the increasing numbers of skin cancer The Danish Cancer Society and TrygFonden has launched a 10-years campaign "Lower the sun between 12&15" with the aims of providing information, structural changes, sunsmart tools, new cultural standards, better labeling and legislation to the public.

The campaign was opened by the protector, Her Royal Highness Crown Princess Mary, and has since been hitting a number of target groups throughout society using different media and communication methods. More than 70 % of the population has been reached by the sun messages, "siesta, sunhat, sunlotion, shut down the solarium" beginning a change of sunhabits among the Danes.

New media and individual communications methods were used to reach the young sun bed users. Home based on MySpace a special viral campaign "Switch off the sun bed" started an ongoing debate among the youngsters. In 3 months a surprising viral video has been tracked to nearly 300 sites globally and has generated over 7 million views.

For more information: [www.skrunedforsolen.dk](http://www.skrunedforsolen.dk), [www.myspace.com/sluskolariet](http://www.myspace.com/sluskolariet)

##### Nordic Activities

NORDCAN, a joint cancer incidence and mortality database in the Nordic countries, is an NCU supported activity made available by the Association of Nordic Cancer Registries. A web-based version was launched June 2007 with choice of English or national language, with data from the start of the registers and to the newest available data, and with possibility of easy presentation in tables and graphs. In March 2008 prevalence data will be included as well as cancer stat fact sheets with the latest key data for each country and cancer type. The cancer stat fact sheets for Denmark will be available at the webpages of the Danish Cancer Society for the specific cancer types to ensure newest possible updated data. During 2008 the Faroe Islands is expected to be included in NORDCAN.

A comparison of colorectal cancer survival in the Nordic countries and UK based on cancer register data showed a higher excess mortality in Denmark and UK compared to the other countries, especially during the first months following diagnosis. Based on NORDCAN data we work on time trends in Nordic cancer survival and hope to be able to include survival data in NORDCAN within the next year.

To explore the reasons behind the lower Danish rectum cancer survival, population based data from national clinical registers in Norway, Sweden, and Denmark, collected clinical information in Iceland and Finland and enhanced cancer register data from Scotland is compared in a "high resolution study" to be published soon. "High resolution" comparisons between Sweden and Denmark for breast cancer have earlier been published showing a worse stage distribution in Denmark and national coverage of breast cancer screening in Sweden as the main factors behind the worse Danish breast cancer survival. Similar studies are under way for colon and prostate cancer.



# Cancer society of Finland

- Cancerföreningen i Finland

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Chairman: Seppo Pyrhönen, professor, Turku

## New address after 12.5.2008:

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00130 Helsinki, Finland  
Phone and fax numbers  
will stay the same

## Structure

The Cancer Society of Finland, founded in 1936, is one of Finland's largest public health organisations. It is an umbrella organisation for 16 registered member organisations, with nearly 140 000 members. Twelve of these are regional cancer societies, the remaining four are nation-wide patient organisations.

The funding of the Cancer Society of Finland comes from donations and bequests, special activities for financial support, fees for services of the laboratory- and out-patient clinics, membership fees and funds of the Finnish Slot Machine Association.

The Finnish Cancer Foundation, the Finnish Cancer Registry and the Finnish Foundation for Cancer Research function in connection with the Cancer Society of Finland.

Main fields of activity of the Cancer Society of Finland include health promotion, public information, patient support and rehabilitation, advocacy, fund raising, cancer screenings as well as maintenance of clinics, laboratories and hospices.

The income of the Society was appr. 13 million euro in 2007, the expenditure appr. 12 million euro. The Cancer Foundation has a separate budget, wherefrom 3,7 million euro were given to cancer research as grants.

## Highlights of activities in 2007

The internet pages of the Society became more popular in 2007. There were o.a 44 500 users per month which is almost 30 % more than in 2006. In addition, the professional counselling grew to almost 4 000 calls. A small study was carried out to get more information about the needs. It appeared that the need for information



was especially great among the people nearest the cancer patients at the time of the diagnosis.

The public broadcasting company, YLE, produced together with the Cancer Society an interesting tv-discussion on cancer policy in Finland. The discussion took place about a month before the election of the new parliament.

Preventive work continued in all fields. The results demonstrated by the decreasing trend of smoking among young people looks promising.

The legislation on screening was changed and now the communities shall organise the mammographyscreening for all women aged 50 – 69 (earlier 50 – 59). Some communities have already started to change their processes accordingly. The screening of colorectal cancer is widening to 175/400 communities. The results are as expected at the moment. The effect on mortality can be seen at the earliest in 5 – 6 years time.

The results of the efficacy of the breast cancer screening showed that the screening was efficient. The mortality among the screened was 28 % lower than in those not screened.

The funding mechanisms of the cancer organisations were developed efficiently in 2007 and the process continues in the coming years. A small unit was founded for this purpose (now 4 – 5 people). The Rosabandet (Roosa nauha) collected more than 300 000 Euro in 2007.



# The Faroe Association Against Cancer and its Advisory Office

-Føroya Felag móti Krabbameini

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Chairman: Mr. Jákup N. Olsen

The activities of the Association and its Working Groups has continuously increased and more and more people contact the Advisory Office with enquires and for advice. In May Ms Margret Mortensen, a nurse with additional training in oncology, was employed at the Advisory Office.

After years of attempts at getting through to the health authorities, the Association is very encouraged by the fact that now a cancer register will be introduced. Furthermore, the Association has been working for the establishment of a palliative system and a palliative ward; and now such a system has been introduced at the National Hospital. Also funds have been set aside for an oncologist.

In cooperation with the highest levels of the administration, the Association has been working for the introduction of a national cancer plan in the Islands. A working group has been appointed to produce such a plan; and the work will be completed on 1<sup>st</sup> October 2008.

### Informative initiatives

The Association's nurses have been visiting schools and kindergartens giving talks on children, grief and school. Many schools have worked out emergency plans for children in grief and crisis. In addition the nurses have visited schools and institutions, giving talks and taught about FFK, cancer and prevention.

In March, the Association arranged a public meeting where representatives from the Social Department explained procedures and regulations. In April, the Association arranged another public meeting on ethics where the head of the Norwegian Nurses' Union, Ms Marie Aakre, gave a lecture on the ethical controversy regarding cancer and death. One of the participants was Mr Hans Pauli Ström, Minister of Health.

The Association has had a meeting with the Research Fund, aiming at establishing research into cancer. We have now an active home page with relevant information, advice and up-to-date information. The Association has made an agreement with the journalist Ms Björt Samuelsen regarding materials.

### Other initiatives

In the near future the Association is going to set up a support-group for people who have lost their spouses; and this will be led by psychologist Ms Kathrina L. Joensen and FFK's nurse Ms Margret Mortensen.

Conversation-groups were this year arranged for children whose parents are seriously ill; and this initiative has been so successful that it will continue. For some years the Association has participated in an NCU-project concerning rehabilitation of people suffering from cancer; and now we started a project in order to find out about the need for rehabilitation of cancer patients and their relatives. The research



started in March and is expected to be completed early in 2008. Leader of the project is social worker Ms Karen Heinesen; and she has conducted several interviews with patients and relatives. For five years the Association, in cooperation with cosmetologist Ms Elsa í Garði, has organised courses in skin and facial treatment for women having cancer treatment.

### Groups within the Association

*Bót til Bata* (Help for Improvement) arranges the initiative *Opið Hús* (Open House) aiming at reaching out to women who have, or have had, breast cancer. In September representatives from the group participated in an international congress for women suffering from breast cancer, held in Sweden. In 2008 the Nordic conference will be held in the Faeroe Islands.

Furthermore, representatives from the group have visited schools, giving lectures as well as arranging other events to inform about breast cancer. In connection with the Breast Cancer Month in October there was a reception and press-meeting in the Miðlahús. The periodical *Kvinna* (Woman) handed a cheque for DKK 182,000 for the bow that was sold together with the periodical in October 2006. In 2007 a T-shirt with the bow on it has also been available; the sale of the bow and the shirt gave around DKK151,000.

The *Stomi* Group and the Stomicare Unit at the National Hospital hosted the annual Nordic Stomi Conference taking place from 7<sup>th</sup> to 10<sup>th</sup> June. An excursion was organised for the participants as well as a visit at the hospital.

The *Parent Group* organised an Open House at the FFK-premises on 15<sup>th</sup> February – the international day for children suffering from cancer. 12<sup>th</sup> May the group organised a day for siblings of children suffering from cancer. On the weekend 10 – 12 August a summer trip was arranged to Suðuroy; and on the weekend 22 – 25 November a family trip was arranged to Denmark. The group printed 5,000 Christmas cards for sale, illustrated by the artist Mr Tróndur Patursson.

The *Abdominal Group* numbers 15 women who meet every 6<sup>th</sup> week. In April representatives for the group participated at the nationwide conference of the Danish Association for Abdominal Cancer; and in October the group arranged a course conducted by gynaecologist Dr Poul Martin Berthelsen.

### Support

The handball club Neistin and the main supporters of the club's best men's team also support the Faroe Association Against Cancer this year. The Association has received DKK20,000 from the Kiwani's Rose and DKK160,000 from Statoil Faeroe to support children whose parents are seriously ill. The Parent Group had a gift of DKK20,000 from Kiwani's Rose.



# The Icelandic Cancer Society

- Krabbameinsfélagið

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Chairman: Sigurdur Björnsson M.D.

The Icelandic Cancer society is a nation-wide, voluntary organization established 56 years ago, with four main cornerstones directing its policy and activities but with different emphasis at each given point in time.

1. To promote knowledge and education about cancer and cancer prevention.
2. To support cancer research e.g. by collecting and analyzing relevant data.
3. To promote screening for cancer.
4. To support progress in the treatment and care of cancer patients.

1. Generating and distributing general information about cancer to the public has always been on the agenda, but the society's former successful role in tobacco prevention has now largely been taken over by the school system and a new public health institute. A regular successful campaign is run to warn young people against sun exposure and solaria.

2. Our cancer society has run a productive molecular and cell biology research laboratory for about twenty years that has now been taken over by the University of Iceland but the laboratory remains on our premises until the end of this year. The Icelandic Cancer Registry has been run under the auspices of the society for 53 years, a valuable population based data bank on cancer as well as an active research unit with an emphasis on the etiology of cancer and effectiveness of screening. There has been good co-operation between the research laboratory and the cancer registry and the registry is a member of ANCR where it has enjoyed fruitful co-operation over the years as well as on an international level. Furthermore, our cancer society has some research funds supporting cancer research in Iceland outside as well as inside our society.

3. Our cancer society has organized and run nation-wide screening programs, for cervical cancer (20-69 years) since 1964, resulting in a marked decrease in incidence and death from the disease and for breast cancer with mammography (40-69 years) from 1987. Although the incidence of breast cancer keeps on rising, the death rate is going down, with >90% survival after 5 years. Women older than 69 years are welcome but not specially invited. We are in the process of modernizing our equipment, fundraising for 5 new digital mammography units together with necessary working tools. This is a demanding task for our society, involving changes in work schedules and major alterations to the interior design of the Cancer Detection Clinic. This enterprise has dominated our activities during the last year and will continue to do so for the coming months. We will hopefully start regular screening with the new equipment in August 2008. The Cancer Detection Clinic continues participation in an international research program on vaccination against HPV and cervical cancer (Gardasil). The minister of health has declared that screening for colon cancer with F.O.B. will be starting next year as a nation-wide program for defined age-groups and our society will be participating actively.

4. Patient support groups are members of our cancer society. They are now about 17 around the country for different types of cancer or age-groups and the society supports them in various ways. The society's hospice-based Home Service for cancer patients ran for twenty years with nurses and doctors taking care of people who could and wanted to stay at home. This has now been transferred to the University hospital for closer co-operation with the palliative care unit. The society has bought 8 flats in the same house in Reykjavik with other NGO's where cancer patients from the countryside can stay with their families when they come for treatment at the University hospital. The cancer society, which is located very near the University hospital, has recently established on its premises a day care unit modeled on the Scottish Maggie's centres. There, cancer patients and their next of kin, can walk in for information and psychosocial support. This brings together all our patient support activities and is also an improved base for our cancer patient support groups.

## Structure and finance

The Icelandic Cancer Society has about 30 divisions, 23 regional divisions and 8 patient support groups. Seven of the regional divisions have local service centers with a part-time employee, partly supported by the society. The patient support groups then have affiliates out in the countryside that do not function as independent divisions but are linked to the regional chapter. At the same time the cancer society, with about 85 employees, can be regarded as an institution with multiple functions, playing an important role in the Icelandic health service. The society's activities are primarily financed by donations, legacies, income from sale of lottery tickets, remembrance cards and logos together with other fund-raising activities such as door-to-door collection campaigns. We keep on introducing new approaches in fund-raising, increasingly by co-operation with the business and financial world. The Pink ribbon campaign in October is becoming more and more important and we have recently started having a Pink Gala Dinner during October, the last one bringing in about 170.000 Euros. Another major source of income is an agreement with the health authorities financing the Cancer Detection Clinic responsible for cervical and breast cancer screening as well as partial official support for the Cancer Registry. The society's total income in 2007 was 7.760.000 Euros.



# The Norwegian Cancer Society

- Kreftforeningen

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Web: [www.kreftforeningen.no](http://www.kreftforeningen.no)

Secretary-General: Anne Lise Ryel  
Chairman of the Board: Paul Hellandsvik

The Norwegian Cancer Society (NCS) is a nationwide organisation for voluntary efforts against cancer in Norway. The association is non-religious and independent of partisan politics. All activities are based on collected funds. Around 95 000 members and 30 000 regular donors support the activities of the society. This broad support makes us the leading voluntary organisation in the field of cancer in Norway, and has contributed to decisive progress in the fields of research, care and prevention.

Rehabilitation of cancer patients was the NCS's area of commitment in 2007. The project was set off in fall 2006 and resulted in the in-house report - *Kreft-rehabilitering – et kunnskapsgrunnlag*. The report shall be used as a background source for various successive rehabilitation projects.

The society cooperates with nine patients' associations, and funds the major part of the activities of these associations.

## Main goals

- to help reduce the incidence of cancer
- to contribute to ensuring an increased survival rate
- to ensure the optimal quality of life for cancer patients and their next of kin

## Fields of activity

- cancer research in a wide sense
- health information
- assistance to cancer patients and next of kin
- political advocacy for the cancer cause
- international cooperation

## Strategic priorities

In November 2007 The Board of Representatives passed a decision to implement the new *strategy plan* for the years 2008-2011. The strategy is mainly a continuation of the associations work for the past years, prioritizing efforts on matters like social inequalities and cancer, collaboration with the patients' associations, public relations regarding cancer research and political advocacy work.

## Research

Cancer research has been one of our major tasks since 1948. About half of NCSs collected revenues are allocated for clinical, experimental, epidemiological and alternative/complementary research. The total contribution to research in 2007 was NOK 126 million. NCS does not run its own research institutions but funds research which is carried out at universities, regional colleges and the main hospitals in Norway. Five professional committees consider all applications within the following categories:

- A: Basic research, with emphasis on cell biology.
- B: Cancer-relevant basic research in the disciplines morphology, immunology, virology and cytogenetics.
- C: Experimental research directed at therapeutic and prophylactic principles, including nutrition studies.
- D: Combined clinical and basic research projects, using methodologies from both types of research.
- E: Clinical studies within diagnostics and treatment, plus epidemiological and preventive studies.

The committee's assessments are coordinated by the Research Committee before being submitted to the NCS' board for final decision.

King Olav the Fifth's Cancer Research Prize, a prestigious yearly grant of a total amount of NOK 750 000, was initiated by the NCS in 1992. In 2007 the prize was awarded to professor Ragnild Lothe, Rikshospitalet-Radiumhospitalet, Oslo. Lothe was honoured because of her work on developing a test used for diagnostics of colorectal cancer.

## Patient support

The NCS works to improve the quality of patient care and support, and achieve a more equal distribution of services for cancer patients and their relatives. The patient services are provided mainly through the Cancer Helpline, the NCS on the web, brochures or by visiting local offices.

In 2007 the association reached more than 50 000 people through our information and help facilities, patients- and next of kin courses and various information services. The Cancer Helpline in 2007 received around 20 000 inquiries from cancer patients, relatives, health professionals and the public in general. The patients contact is run through telephone services, SMS, e-mail and the web based chat system e-dialog24.

The Society distributed nearly NOK 2 million to 286 persons with cancer in 2007. The money came from *Nini and Arne Durbans Trust Fund for Cancer Patients* and other gifts earmarked for social and economic support to cancer patients.

## Prevention

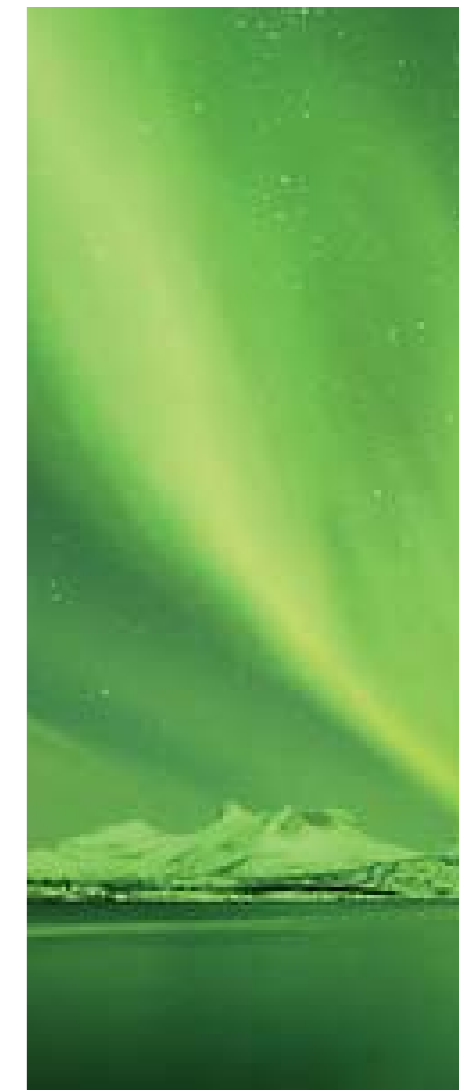
The main preventive activities of the association pertain to the themes tobacco, skin cancer, nutrition and physical health. In 2007 the NCS has for instance run advocacy activities on matters such as tobacco free school time, free of charge fruit and vegetables in schools and minimum one hour of daily physical activity for all school children. The *Men and Cancer* campaign was also aimed at cancer prevention.

## International collaboration

The NCS's Board has earmarked two per cent of the Society's expected revenues each year to meet cancer challenges globally. These funds should primarily be devoted to rendering cancer visible as an increasing international challenge. Global cancer prevention, especially tobacco prevention, has been an area of commitment the past years. In 2007 around NOK 2,2 were assigned to tobacco control projects in Africa and Russia. Roughly 2,8 NOK were granted to international research and activities through organizations such as UICC and NCU.

## Lobbying activities

Through advocacy activities at the local, regional and central political level the NCR shall influence the public authorities and the public policy-makers who formulate policy related to the activities of NCS. In 2007 we met political leaders of departments concerned with health and cancer, attended about 15 different public hearings and wrote several letters to Parliament committees concerning the national budget.



# The Swedish Cancer Society

- Cancerfonden

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Chairman of the Board: Ex County Governor Bengt Holgersson



## Structure of the organisation

The Swedish Cancer Society is an independent non-profit organisation. Behind the Swedish Cancer Society stand 32 organisations. Our main task is to raise and distribute money for cancer research. As the principal financier of cancer research in Sweden, the Swedish Cancer Society essentially acts as a national research council. Thanks to far-reaching knowledge about cancer in the organisation's network, the Swedish Cancer Society is also active in areas such as information and forming opinion.

The Swedish Cancer Society was founded in 1951 to support cancer research since government subsidies were only modest. All activities are based on collected funds. Today the Society plays an active role in research-funding, fundraising, providing information, knowledge dissemination and in forming opinion.

## Finances

In 2007 the total income was 414 million SEK. The major sources of income are legacies, material gifts and regular donations.

The total expenditure was 482 million SEK. The main part, 350 million, was allocated to the research committee to finance projects, positions, fellowships and etc. To information and opinion 45 million SEK was allocated.

The fundraising costs totalled to 50 million SEK, this corresponds to 12 percent of the total income. The administration costs totalled to 16 million SEK, corresponding to 3.9 percent of the total income.

## Research-funding

The core of the Swedish Cancer Society's activities is funding research. The goal is to award 400 million Swedish kronor to research projects, care development projects, in cancer research positions, grants and other areas. Additional areas of support include participation in courses and conferences related to cancer, as well as scientific meetings and collaboration groups.



The Research Commission's aim is to support the projects that represent the highest quality in the field of cancer, whatever the focus. This means that selection takes place in national competition and does not take account of the field of research or geographic location. However, there are some exceptions where targeted funds are awarded to research areas of particular urgency.

## Fundraising

As a non-profit organisation, the Swedish Cancer Society receives no government funding, and therefore entirely depends on private donations. In 2007 the Society raised almost 410 million Swedish kronor. Although campaigns and TV events attract a lot of attention, the main bulk of donations are made by private individuals. Legacies represent a significant proportion.

## Information and communication

One of the major problems in Sweden's cancer care today is that care workers have no time to provide information to and support patients to the desired degree. To help in this effort, The Swedish Cancer Society set up an information- and help line.

The Swedish Cancer Society website provides a wealth of information on everything from illnesses and treatment to new research findings. The Society also publishes around 30 information brochures for patients and close friends and relatives. The member magazine Rådta Livet (= Save Life) is published four times per year.

## Opinion-leading

As one of Sweden's biggest organisations in the field of cancer, it is vital to actively participate in the general debate about the illness. Since 2001 the Swedish Cancer Society has promoted the idea of a collective strategy for fighting cancer in Sweden – expressed by the need for a National Cancer Plan. The aim of the annual Swedish Cancer Society Report, which was published for the first time in 2006, is to strengthen opinion-leading efforts, and to contribute with the Society's knowledge and experience in order to highlight problems in the area of cancer.