

ANNUAL REPORT 2004

NORDIC CANCER UNION



ncu
NORDIC CANCER UNION

NCU Secretariat 2003 - 2005
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REPORT

REPORT FROM THE NCU SECRETARY GENERAL

■ by Harri Vertio, Secretary General of the Cancer Society of Finland

- 4 As a new strategic line of action has been in the process of planning in NCU, the ongoing activities have continued the lines the earlier statutes have defined. The NCU has to take into account on one hand the present changes in the international environment and at the same time notice the strategic changes happening in each country. These have obviously been reflected in the future strategy planning process.

The European platform for cancer organisations has been for years the Association of European Cancer Leagues. As Sweden and Norway have resigned their membership of the ECL this leaves a new situation to deal with. NCU has a representative member in the governing body but members of the NCU do not all belong to the association.

It seems that the scientific evaluation needs more emphasis in the work of the Nordic Cancer Union. However, there is a growing need of sharing the cancer policy information of all the Nordic countries and sometimes for lobbying in the European or world level. These needs have to be met by the Union in the future, too.

Initiative for a new strategy

At the meeting in May 2004 the NCU Board adopted recommendations for a future strategy for NCU policies and activities. The purpose of the strategy is to direct allocation of NCU funds in line with the stated priorities. It was concluded that the NCU strategy shall focus on areas where necessary research is scarce and little activity can be expected unless NCU is taking initiative. The following priorities were raised:



- Cancer prevention including the causes of cancer, early detection and early diagnosis of cancer as well as behavioural changes.
- Monitoring and documenting cancer incidence, survival and treatment.
- Rehabilitation of cancer patients.

The secretaries general were given the mandate to prepare a proposal for a 5-year-strategy and necessary changes to the statutes.

A first draft for the strategy was drafted by the Danish Cancer Society and discussed by the secretaries general at their meeting in September 2004. After the meeting the draft was further developed by the Danish Cancer Society for discussion at the meeting in January 2005. The finalisation of the strategy proposal and changes to the statutes shall be co-ordinated by the NCU secretariat. Approval of the strategy and revised statutes is foreseen at the Board meeting in 2005.

Financial support for Nordic cancer research

NCU awarded 700 000 euros in 2004 to support Nordic cancer research of high quality. More information on NCU research is available below in this report.

Contacts with the Nordic Council of Ministers

At the end of 2003 NCU approached the Nordic Council of Ministers aiming at establishing closer collaboration in the area of cancer control and cancer epidemiology. The significance of raising these areas as priorities on the agenda of the sector of social affairs and health of the Nordic Council of Ministers was further underlined by NCU in 2004.

Collaboration with the Association of Nordic Cancer Registries (ANCR)

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Close collaboration with ANCR started already in 1961 and continued fruitfully in the past year. Preparations for a joint NCU/ANCR -symposium on bio banks to be held in the autumn 2005 started.

In 2004 NCU admitted financial support for the following ANCR projects:

- Survival after cancer diagnoses
- NORDCAN- A pc-based program for presentation of cancer incidence and mortality in the Nordic countries on county and district level
- NORDCARE - Role of diagnoses and treatment in cancer survival in the Nordic countries - a high resolution study connected with EURO CARE

Other international relations

In 2004 the Nordic countries had two seats in the UICC Council (Liisa Elovainio, Finland and Odd Soreide, Norway). Kenneth Nilsson (Sweden) was the strategic leader in the field of cancer research.

Anne Lise Ryel (Norway) was a member of the Board of the Association of the European Cancer Leagues (ECL) until the end of the year and later replaced by Gudrun Agnarsdottir (Iceland). At the end of the year 2004 both the Norwegian Cancer Society and the Swedish Cancer Society resigned their membership of the ECL.

Relations with EORTC (European Organisation of Research and Treatment of Cancer) were updated and potential collaboration with other Nordic organisations considered.

6 NCU conferences in 2004

Cancer and sexuality conference took place in Oslo on September 20-21. It was co-ordinated by the NCU patient support group and hosted by the Norwegian Cancer Society. More information on the conference under patient support, page 14.

1st NCU Nordic Symposium on Cancer and Physical Activity took place in Copenhagen on November 29-30 2004. The Symposium was co-ordinated by the heads of information and arranged by The Danish Cancer Society and Danish Society for Physical Activity and Health. More information on the symposium under prevention and information.

Meetings in 2004

The Annual Board meeting took place in Silverskär, Åland on May 7th.

NCU Secretaries General had three meetings in 2004: in Copenhagen on January 26th, in Åland on May 6th and in Oslo on September 15th.

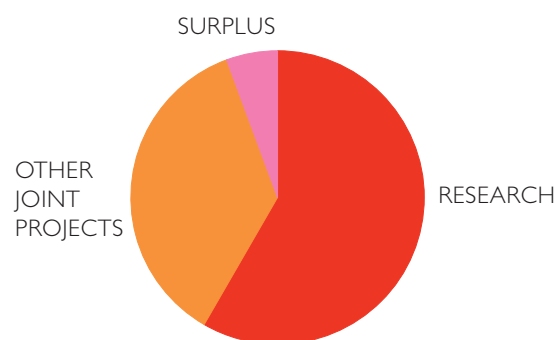
Both the heads of information and the patient support experts had two meetings during 2004.

Finances in 2004

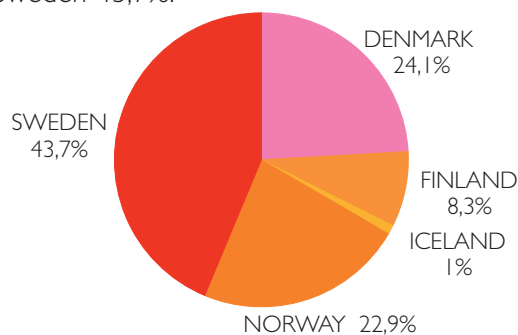
The budgeted amount for 2004 was 1.2 million euros.

The financial report was as follows:

- research 700 000 EUR
- other joint projects 432 309 EUR
- surplus 67 691 EUR



The individual member country's share of the costs was calculated on the basis of the individual societies' income minus any government grants and fund-raising costs. The contributions of NCU members towards the costs were shared as follows: Denmark 24,1%, Finland 8,3%, Iceland 1%, Norway 22,9% and Sweden 43,7%.



The need of revising the cost allocation principle between the NCU members was raised and planning of a new model started.

REPORT

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 and the Swedish Cancer Society. The Faroe Islands, Greenland and Åland have 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 secretaries general of the Nordic cancer societies meet 3-4 times a year in order to co-ordinate 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 on the national level. Also developments in the international field are followed-up and discussed. The Chairman of the Faroe Islands Cancer Society attends the meetings of the secretaries general.

Information and experiences is also shared between heads of information and economy as well as experts of psychosocial issues. Joint activities of relevance to all NCU members and creating synergy are carried out by these groups.

An important part of NCU collaboration is to encourage collaborative cancer research of high standards among the Nordic research



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NCU Annual meeting in Silverskär, Åland on May 7 2004.
From the left (front): Seppo Pyrhönen, Eero Keränen, Jansy Gaardlykke, Jákup N. Olsen, Gudrun Agnarsdottir, Anne-Lise Ryel, Helka Andersson.
From the right (back): Erlend Smeland, Bengt Westermark, Ursula Tengelin, Elizabeth Hjorth, Harri Vertio, Ulla Rautamo, Risto Johansson.

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. Currently the secretariat is at the Cancer Society of Finland.

RESEARCH

REPORT FROM THE NCU SCIENTIFIC COMMITTEE

■ by Professor Seppo Pyrhönen, Chairman of the NCU Scientific Committee

- 8** In 2004 NCU awarded research grants for 700 000 € through its research fund. 22 grant applications from different Nordic countries were received by May 14. The quality of the received applications was very good.

The requirements included that research projects must have cancer relevance, be uniquely suited to be carried out within the Nordic countries, and the effect of collaboration should be synergistic. Funding of such collaborative projects was restricted to epidemiological studies utilising the national cancer registries, clinical trials and planning of such studies and pilot projects (eg within Nordic planning groups). Extensive projects were priorities in the selection. In addition, limited funding was reserved to smaller projects. NCU grants are only provided for one year at a time, for a maximum of 3 years.

The applications were processed in two stages: first by national review groups in each Nordic country and finally by the NCU Scientific Committee. The final selection of funded applications was made relatively unanimously. Scientific competence and creation of Nordic synergy were, in addition to the scientific quality of the project, the most important ones in the project evaluation.

Following these criteria, NCU funding was admitted to 10 research projects. Three of the projects represented clinical trials, two dealt with genetic predisposition to cancer, three epidemiologic studies, one psycho-social study and one establishment of a Nordic biobank for bone marrow and blood samples from children with acute leukemia.

In future, in line with the new NCU strategy, epidemiological research will be prioritised even more than till now. Also applications on rehabilitation and health promotion will be encouraged. Special emphasis will be given to evaluation and follow-up of funded research.

RESEARCH

RESEARCH GRANTS AWARDED BY THE NCU IN 2004

Main applicant	Title of project	Amount EURO	9
Aaltonen, Lauri	Genomic variation as a predictor of colorectal cancer risk in Nordic countries; studies of inherited predisposition and molecular mechanisms of tumor formation	60 000	
Alvegård, Thor Andreas	Scandinavian Sarcoma Group (SSG). Centralized registration - an SSG musculoskeletal research and multidisciplinary approach	20 000	
Borg, Åke	Hereditary Breast Cancer in the Nordic Countries: Laying a ground for the identification of new breast cancer susceptibility genes	180 000	
Geisler, Christian	Nordic Lymphoma Group: A Nordic collaboration to combat malignant lymphoma	50 000	
Gimsing, Peter	Nordic Myeloma Study Group (NMSG) - Organisation, clinical trials and basic research in multiple myeloma	40 000	
Hellström-Lindberg, Eva	Nordic Multi-center clinical trials aiming at improved outcome for patients with myelodysplastic syndromes (MDS)	20 000	
Lie, Sverre Olaf	Psychosocial follow-up of adolescent and adult survivors of Acute Myelogeneous Leukemia (AML), WILMS' tumour and astrocytoma in childhood - a Nordic collaborative study	100 000	
Lönnerholm, Gudmar	Establishing a Nordic biobank for bone marrow and blood samples from children with acute leukemia to test new diagnostic tools and treatment principles	30 000	
Pukkala, Eero	Changing work life and cancer risk in the Nordic countries	100 000	
Widmark, Anders	Randomised Phase III study of HYPO- versus Conventional fractionated Radio Therapy (HYPO-RT) of intermediate risk Localised Prostate Cancer	100 000	

RESEARCH

WORK AND CANCER IN THE NORDIC COUNTRIES

■ by Eero Pukkala, Finnish Cancer Registry

10 Nordic countries offer a unique forum for studies on work and cancer in the entire population. NCU has funded this topic twice: the first study was published in 1999, and a new one started in 2005.

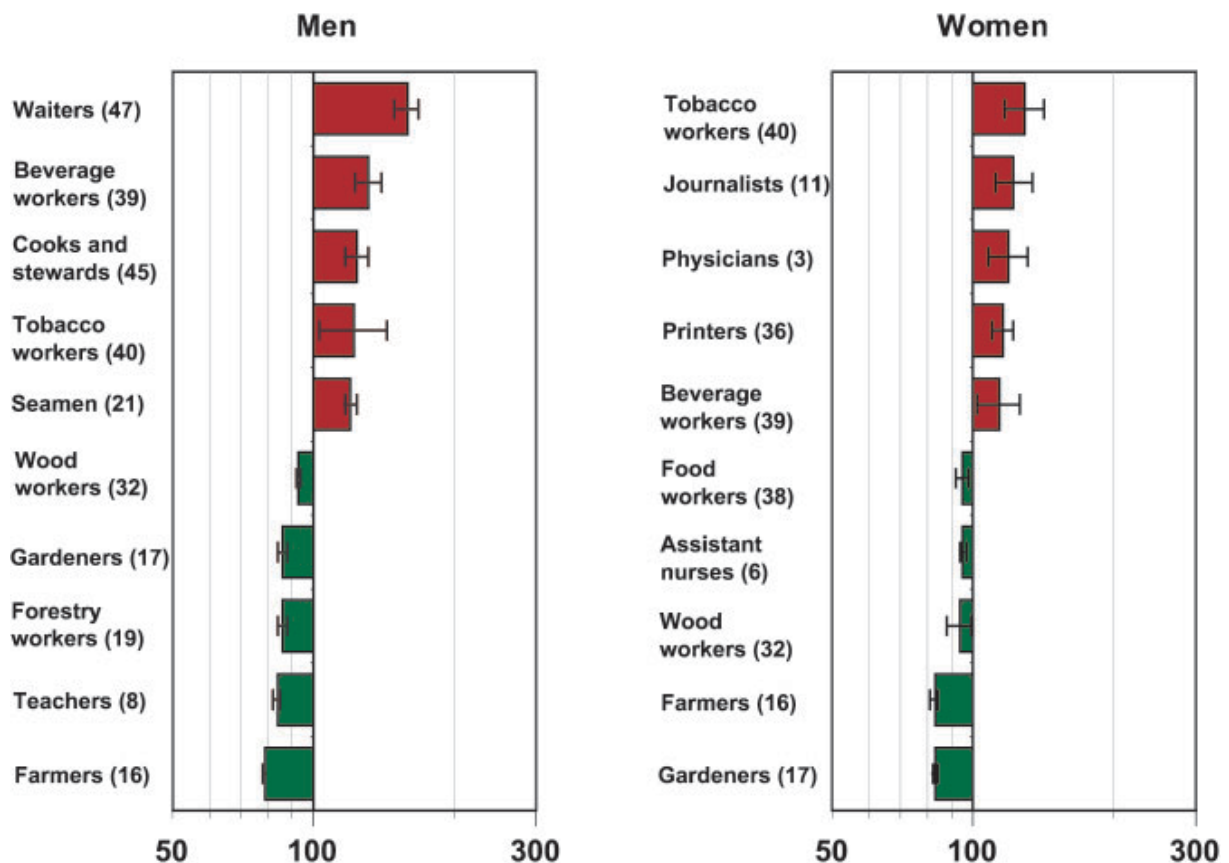
Work-related cancer in the Nordic countries

In 1999, an NCU funded study was published as a supplement Scandinavian Journal of Work environment and Health (vol 25, suppl. 2, 116 pages). The study was accomplished by:

- Aage Andersen, Cancer Registry of Norway
- Lotti Barlow, National Board of Health and Welfare, Sweden
- Anders Engeland, Cancer Registry of Norway/ National Institute of Public Health, Norway
- Kristina Kjærheim, Cancer Registry of Norway
- Elsebeth Lynge, Danish Cancer Society
- Eero Pukkala, Finnish Cancer Registry

The study covered about twenty years of cancer incidence in the population born between 1906 and 1945 and living in the four Nordic countries; Denmark, Finland, Norway

Figure 1: Risk of all cancer sites combined in occupations



and Sweden, in 1970. The economically active persons were classified into 53 occupational groups.

The four countries had nation-wide registration of incident cancer cases. During the twenty years of follow up, 180 million person years were accumulated. One million incident cancer cases occurred during the follow up period. The cancer cases were classified into 35 diagnostic groups. The study was thus one of the largest studies ever reported on occupational cancer.

The observed number of cancer cases in each group of persons defined by country, sex and occupation was compared with the expected number calculated from the age, sex and period specific person years and the incidence rates for the national population. The result was presented as a standardised incidence ratio, SIR, defined as the observed number of cases divided by the expected number and multiplied by 100.

For all cancers combined, the study showed a wide variation among men from a SIR of 79 in farmers to 159 in waiters (Figure 1). The occupations with the highest SIRs also included seamen and workers producing beverage and tobacco. Among women the SIRs varied from 83 in gardeners to 129 in tobacco workers. Low SIRs were found for farmers and teachers.

Results by cancer site

LIP CANCER

Outdoor workers such as fishermen and gardeners had the highest risk of lip cancer, while the lowest risk was found among indoor workers such as physicians and artistic workers.

PLEURAL CANCER

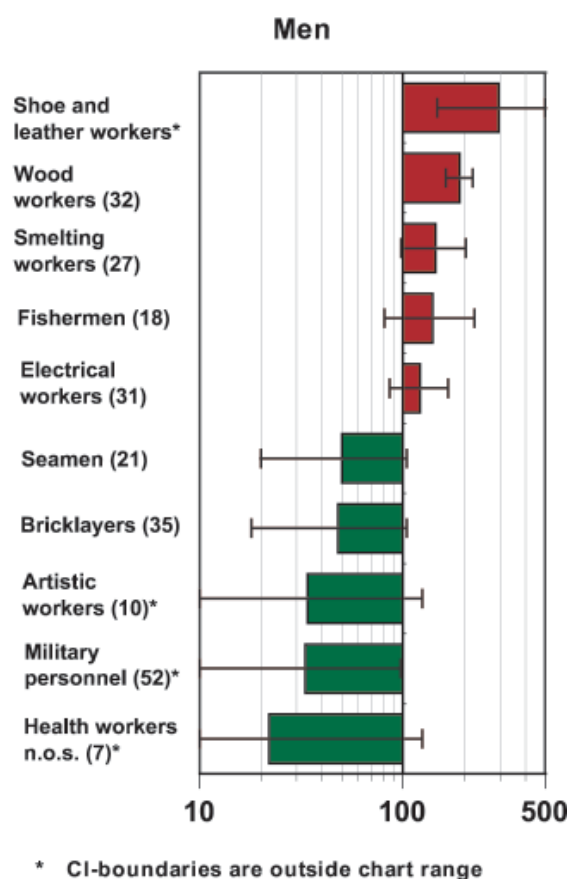
Almost all pleural cancers are associated with asbestos exposure. Accordingly, plumbers, welders, mechanics and seamen were the occupations with the highest risk. There was also an excess risk of pleural cancer in the occupational group of technical, chemical, physical and biological workers, including among others engineers and chemists potentially exposed to asbestos.

NASAL CANCER

Wood workers included in the study have the highest risk of nasal cancer. Most studies of nasal cancer have shown increased risks associated with exposure to wood dust, both for those in furniture making and for those exposed exclusively to soft wood. Nickel refinery workers are also known for their high risk of nasal cancer. In the present study they were included in the occupational group of smelting workers.

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Figure 2: Nasal cancers



LUNG CANCER

Lung cancer was the most frequent cancer in men in the present study. Tobacco smoking is the major risk factor for this disease, but occupational exposures also play an important role. Waiters and tobacco workers had the highest risk of lung cancer. Miners and quarry workers also had a high risk of lung cancer, which might be related to their exposure to silica dust and radon daughters. Among women,

tobacco workers had the highest risk of lung cancer and farmers and gardeners had the lowest risk.

BLADDER CANCER

Waiters had the highest risk of bladder cancer in men and they were one of the groups at highest risks among women. Chimney sweeps and male hairdresser also had high SIRs for bladder cancer. Chimney sweeps are exposed to polycyclic aromatic hydrocarbons from the chimney soot, and the carcinogenicity of these compounds is well documented. Almost all occupational groups with low SIRs for bladder cancer also had low SIRs for lung cancer, as farmers, gardeners and those working in pedagogical work, indicating the gainful effect of non-smoking.

LIVER CANCER

Exposure to the known hepatocarcinogens, Hepatitis B virus and aflatoxins is rare in the Nordic countries and a large proportion of primary liver cancers can therefore be attributed to alcohol consumption. High risk of primary liver cancer was seen in occupational groups with easy access to alcohol at the work place or with cultural traditions for high alcohol consumption. Among men, waiters, journalists, cooks, beverage workers and seamen had the highest risk. The lowest SIRs were seen in farmers, forestry workers, teachers, wood workers and gardeners.

COLON CANCER

The risk of colon cancer has been related to sedentary work. The findings in the present study were in agreement with this pattern especially among men, as journalists and physicians had the highest risk and outdoor workers as farmers and forestry workers had the lowest risk.

BREAST CANCER

The occupational categories with the highest risks of breast cancer in the present study have a university education. This pattern is in agreement with a relatively late age at first birth among the well-educated Nordic women from the relevant birth cohorts.

MALIGNANT MELANOMA

Malignant melanoma showed the same strong social gradient as cancers of the colon and breast. The major risk factor for malignant melanoma is intermittent sunlight exposure and sunburns of susceptible individuals, which occur in particular during leisure time.

Conclusions

The pooled analyses of census-derived job titles and cancer registry data from Denmark, Finland, Norway and Sweden represented a successful and efficient approach to produce important results on occupational cancer. The large data and reliable information on occupation allowed identification of risk occupations even in rare cancers.

The most important sites involved in occupational cancer are cancer of the lung, nasal, bladder and pleura. These sites also form the most important potential of cancer prevention. In some of the occupations with the highest SIR social factors probably are more important determinant of some cancer risks than workplace exposures for instance among female journalists.

The Nordic countries are well known for equity and free and equal access to health care for all citizens. The present study shows that the risk of cancer, even under these circumstances, is highly depending on the persons position in the society.

Changing work life and cancer risk in the Nordic countries

The results of the 1999 study will be updated and expanded in a new study that was awarded an NCU grant in 2004. The project coordinator is Eero Pukkala from the Finnish Cancer Registry. Main co-workers are Elsebeth Lynge (Copenhagen University), Holmfridur Gunnarsdóttir (Icelandic Occupational health Authority), Laufey Tryggvadóttir (Icelandic Cancer Registry), Aage Andersen, Tor Haldorsen (Norwegian Cancer Registry), Lotti Barlow (Swedish Cancer Registry), Pär Sparén (Karolinska Institute, Sweden), Paolo Boffetta (IARC) and a group of occupational hygienists coordinated by Timo Kauppinen (Finnish Institute for Occupational Health). The study will

produce numerous publications with several other researchers to be included in the chain of authors.

As compared to the 1999 study, the available data will be expanded in several ways:

1. update of follow-up until 2002-2003 (estimated number of cancer cases about 4 million);
2. use of 1960 and 1980 censuses in addition to the 1970 censuses;
3. addition of data from Iceland;
4. application of a job-exposure matrix;
5. use of data on potential confounders such as smoking;
6. assessment of the relationship between reproductive habits, physical activity and occupation in women;
7. extension of the list of neoplasms to be studied.

Nordic job-exposure matrix

Exposure to known and suspected carcinogens and other work-related hazards such as work stress, shift work, lack of physical activity and reduced/postponed parity due to career planning can be estimated via the application of a job-exposure matrix. Nordic job-exposure matrix will be based on the national matrix developed in Finland, FINJEM

Using this matrix, the cancer risks attributable to the occupation-related hazards and changes in the work-related risks over a period of three or four decades can be calculated in a dose-response manner for the entire Nordic population. The study will especially focus on women, who today consist a large fraction of economically active work-force but whose occupational hazards have been rarely studied.

PATIENT SUPPORT

REPORT FROM THE NCU PATIENT SUPPORT GROUP

■ by Anne Nissen, Chair of the NCU Patient Support Group

- 14** The NCU patient support group focuses on areas where there is a need for improvements from the point of view of cancer patients and their relatives. In addition to creating synergy on the Nordic level, the selected projects must be of high quality, relevant, innovative, ethical and morally justifiable and performed by professionally competent persons.

In 2004 the patient support group received NCU funding for the following new projects:

- Cancer and sexuality – a film project
- Cancer and sexuality – conference
- Rehabilitation of cancer patients

Furthermore, NCU funding was allocated to the following ongoing projects:

- Factors affecting cancer patients' returning to work, their work ability and their work satisfaction
- Palliative courses

The NCU patient support group had two meetings in 2004 both in Copenhagen, Denmark. The meetings concerned planning and accomplishing of the joint projects as well as exchange of experiences on the national level.

Cancer and Sexuality

As the number of people with cancer increases and cancer patients live longer, more patients ask questions about how their sexual health will be influenced. Sexuality in general in relation to quality of life has undergone rapid change during recent years. However, there is at present little documentation of the effect of cancer and cancer treatment on quality of life in relation to sexuality. An initiative to a conference on the subject was taken, including production of a documentary film.



The NCU conference on Cancer and Sexuality was hosted by the Norwegian Cancer Society in Oslo on 20 – 21 September 2004. The Conference created an arena for dialogue between cancer patients and professionals working in a wide variety of areas. New aspects emerged to bridge the gap between subjective and objective perspectives related to cancer and sexuality. The one hundred and twenty delegates strengthened links between all the Nordic countries and increased knowledge regarding sexuality in cancer treatment and cancer care.

The conference workshops resulted in a suggestion for Nordic guidelines for professional practice related to sexual health issues, cancer treatment and cancer care. The workshops dealt with seven main topics: Youth and sexuality; Elderly and sexuality; Cultural perspectives; Issues of shame and belonging linked to trauma and disease; Body image; Familiarity and sexuality; How to Communicate with a patient about sexuality.

Through Sorrow and Joy- a film about cancer and sexuality was produced by Venus Film, Denmark and presented in connection with the “Cancer and Sexuality” conference in Oslo 20- 21 September 2004. The original language in the film is Danish, but it is subtitled in both English, German, French, Swedish, Norwegian and Finnish.

The film turned to be a great success among both patients and professionals working with cancer. It can be difficult maintaining a sex life when you are suffering from a serious illness. One thing is the lack of desire, energy, and ability that follows from the side-effects of the treatment. An entirely different matter is the long term side-effects, which catch many by

surprise. If you had known about these beforehand and thereby been better prepared for the consequences, a lot would have been gained.

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There are many taboos and prejudices surrounding cancer and sexuality both among the health professionals and in the actual treatment centres at the hospital. When patients or partners ask questions in relation to their sexual life they are often met with comments like “The most important thing is that you are alive”. or “Are you not too old for that”. These are examples of taboos which serve as an obstacle for people involved who are trying to improve their quality of life in a very difficult period.

Nordic Curriculum in Palliative Care

In 1997 the NCU patient support group decided to enter into a project on palliative care. A planning group was established, with representatives from the Nordic Association for Palliative Care.

In spring 1999 a workshop was held at Montebello rehabilitation centre in Norway. Each Nordic country participated with doctors, nurses, clergymen, and professionals within the psychosocial field. The material from Montebello was edited and distributed for comments to experts within all represented job categories in the Nordic countries.

The final Curriculum has been received very positively at the international level. The Curriculum, which almost corresponds to an education plan, is unique as concerns process description, survey of educational traditions within palliative care, multi-nationality and interdisciplinary aspects. The Curriculum can be applied as a model for national education plans. The Nordic Association for Palliative

PATIENT SUPPORT

- 16** Care has already taken up the implementation as one of its effort areas and will work to motivate the national associations to do the same.

In 2004 the Curriculum was presented in an article in "Omsorg", a Nordic Paper for Palliative Medicine, in a session at the 9th Nordic Congress in Palliative Care in Aarhus and as a poster at the 9th European Congress in Palliative Care in Aachen. The publishing of the Curriculum will be announced in "Omsorg" No. 1, 2005.

Rehabilitation leaflet

The NCU patient support group produced a leaflet on rehabilitation "From need to offer". The leaflet was launched at a workshop hosted by NCU at the IPOS conference in Denmark in August 2004. More than 12 countries were represented at the workshop.

There is still a long way before cancer rehabilitation is implemented as a natural and standard offer for all cancer patients. The leaflet may serve as a platform for cancer rehabilitation in the Nordic countries.

Cancer in working life

Due to the improved prognosis of many forms of cancer an increasing number of cancer patients return to the labor market after their treatment or continue to work during their treatment. Very few studies have evaluated the type and importance of problems that cancer patients face at work.

A Nordic questionnaire study- factors affecting return to work, work ability and work satisfaction among cancer patients started in 2002. The study is conducted in all Nordic countries and it is co-ordinated by an expert



group representing each country. The project has received NCU funding for the meetings of the Nordic expert group co-ordinating the planning of data collection and analyses as well as the preparation of publications.

The general aim of the study is to clarify the problems people with cancer face in working life and to examine the effect of cancer in returning to work and coping at working life. Two meetings of the Nordic study group were arranged in 2004. The purpose of the joint meetings is to discuss the design issues of the study, to follow-up the progress of the study in each country, to plan the centralized data analysis of combined Nordic questionnaire data, to discuss the results and to prepare a publication based on the combined data.

Some countries have already proceeded into data analyses, whereas some countries are at the stage of starting the data collection. Three dissertations (Finland, Norway and Denmark) using the data collected in the questionnaire study are under preparation.

INFORMATION AND PREVENTION

NEW CHALLENGES EMERGE IN COMMUNICATION

■ by Satu Lipponen, Cancer Society of Finland, Hans H. Storm, Danish Cancer Society, Gudlaug Gudjonsdottir, Icelandic Cancer Society, Kristin Byrkje, Norwegian Cancer Society, Lisen Sylwan, Swedish Cancer Society.

Through the member's information offices, the Nordic Cancer Union co-operates on initiatives targeted at information and prevention. Information and prevention departments have a good tradition for co-operation. Especially the long-lasting work of the Nordic Cancer Registries provide excellent opportunities for planning. Documentation is a fundamental part of cancer societies. In Finland and in Iceland, the cancer registry is part of the society but in all countries ties are close. Cancer epidemiology courses and internet-based data are core activities of this co-operation.

All societies share the need for campaigning for cancer prevention in such topics as tobacco, sense with the sun and healthy diet. Information seminars look also for future actions.

In 2004, the Nordic information group was active in highlighting two new challenging aspects of communication - lifestyle questions relating to cancer and physical activity and cancer communication among ethnic minorities in the Nordic region.

The 1st NCU Nordic Symposium on Cancer and Physical Activity

On the 29-30th of November 2004 the Danish Cancer Society (Gert Allan Nielsen) and The Danish Society for Physical Activity and Health organized a Nordic Symposium on Cancer and Physical Activity with economic support from the Nordic Cancer Union. The symposium brought together 150 researchers and practitioners from 10 countries.

In 2003, the European Union agreed that, next to 'stop smoking', 'obesity prevention and promoting physical activity' were the two most efficient lifestyle strategies preventing cancer.



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Newly published research emphasizes the potential efficacy of physical activity in treatment and rehabilitation of cancer patients. However, many challenges still remain for researchers as well as for practitioners. The aim of the symposium was to shed light on some of the questions on the relationship between physical activity and cancer. Some main topics were: What does the current epidemiological evidence tell us about the relationship between physical activity and different cancer types? Can findings from population studies be repeated in intervention studies? What do we know about the biological mechanisms underlying the observed associations? What are the optimal frequency, intensity and duration of physical activity, and is physical activity more important in some periods in the lifetime than in others? How can physical activity strategies be implemented? And what role does the environment play?

A symposium report will be published in the early summer of 2005, and will be available on the NCU website.

The conference Preventing Cancer across Cultures

Representatives from each Nordic cancer society met in 2004 twice to plan the first-ever cancer prevention conference from the viewpoint of ethnic minorities. The conference Preventing Cancer across Cultures took place in Malmö on the 17-18th of January 2005 with 63 participants.

Each country prepared a background report about the theme. The reports can be downloaded from the NCU website.

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The project was coordinated by the Danish Cancer Society (Iben Holten). Communication and information were important keywords at the conference, and both Nordic health professionals and health professionals with immigrant background explored these themes. Barriers to communicating health messages were highlighted and doctors and anthropologists told about ongoing health-promoting projects focusing on how important it is to make ethnic organisations partners in health projects instead of clients. Ideas were sought for enabling migrants to use their own resources and each other in order to find solutions or ways of coping with different questions. The next step is to find out how we in the Nordic cancer societies actually can begin involving ethnic minority groups in working with health promotion and prevention.

Immigrant situation in the Nordic countries

Country/Immigrant statistics*

DENMARK

Amount of foreigners:

8% of the total population.

Biggest groups with non-western background:

Turkey (53 465), Iraq (24 025), Lebanon (21 202), Bosnia (20 618), Pakistan (19 049), Somalia (17 849)

FINLAND

Total population: 5,2 million.

Amount of foreigners: 2% of the total population, approx. half of the amount are ethnic Finns who have returned from Sweden or the Soviet Union.

Biggest groups (in 2002): Russia (24 336), Estonia (12 428), Sweden (8037), Somalia (4 537), Yugoslavia (4 224), Iraq (3 420),

ISLAND

Amount of foreigners: 3,5 % of the total population, of these 70% come from Europe, 17% from Asia and 6% from North America. Biggest groups other than from Scandinavia and U.S. are from: Poland (1856), Philippines (609), Thailand (474), Former Yugoslavia (590) and Vietnam (231).

NORWAY

Amount of immigrants: 8% of the total population.

Biggest groups are from: Pakistan (26 286), Sweden (22 871), Denmark (19 318), Vietnam (17 414), Iraq (17 295), Somalia (15 586), Bosnia (15 216)

SWEDEN

Amount of immigrants: 12 % of the total population.

Biggest groups (2002): Finland (191 515), Yugoslavia (74 418), Iraq (62 751), Bosnia (52 948), Iran (52 721), Norway (44 474), Poland (41 119), Denmark (39 890)

*Numbers are based on the background reports prepared for the conference.

NCU website (<http://ncu.cancer.dk>)

The Nordic Cancer Union has a website that is updated by the NCU secretariat and the Danish Cancer Society, which has planned and built up the site. The Danish Cancer Society is hosting the website on its server.

Projects with the Association of Nordic Cancer Registries (ANCR)

In 2004 NCU admitted financial support for three ANCR projects through the information group.

NORDCAN

The database with cancer incidence and –mortality in the Nordic countries is now being updated with data from 2000, thus covering the period 1970-2000. At the secretariat in Copenhagen the conversion of national data to international versions has recently been taken over, which is needed to make the data more comparable between the countries. When the project on comparison of the Nordic cancer survival is ready, survival and prevalence on a country level will be included in NORDCAN.

NORDIC CANCER SURVIVAL

The survival project is based on the same data as NORDCAN and is helped by the improvement in data quality and the better feel for the data by the experience with the data conversion. We have a pilot project on using the new period methods in a joint project with the UK-registries on colon and rectum cancer, estimating 5 year survival based on the mortality for these patients in the period 1999-2000. For a new cancer plan in Denmark we have delivered 5-year period survival comparing the 4 big Nordic countries on colon, rectum, lung, and breast cancer.

HIGH RESOLUTION STUDIES

–THE NORDCARE PROJECT

To elucidate the background for the lower survival in Denmark and to compare the cancer care in the Nordic countries, detailed information based on hospital information is collected for samples of breast, colorectal and prostate cancer patients in each country. The collected data also permits inclusion in the similar Eurocare projects.

BREAST CANCER

Data has been collected from all the Nordic countries using questionnaires, though some data are still pending from Norway. Comparison between Sweden and Denmark regarding patho-anatomical factors and survival has been published and reporting of delay and treatment is on its way. Similar analyses covering all the Nordic countries await the last deliverance from Norway.

COLORECTAL CANCER

Norway, Sweden, and Denmark have nationwide clinical registers for rectal cancer and we will use those. They will be cross-linked with the cancer registers for 1997 and information about missing cancer cases in the clinical registers will be collected from hospital information. For colon cancer regional registers are available. Data are ready from Sweden, nearly ready from Denmark and promise of data has been issued from Norway. Finland and Iceland have collected the information using questionnaires as for breast cancer. A Scottish detailed register sample will also be included in the comparisons.

PROSTATE CANCER

Data have been collected for about 500 prostate cancer patients in Iceland. In the collection process the questionnaire showed to have several flaws. A new questionnaire has been developed with the help of Danish clinicians. It has been tested on the part of the Danish sample and was lately sent to the other Nordic Cancer registries for starting data collection.

MEMBER ORGANISATIONS



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Structure of the organisation

The Danish Cancer Society is a voluntary, non-profit national association, with 261 local units and committees. Approx. 1,500 volunteers sit on the boards of the local units. The Danish Cancer Society has approx. 305,600 members.

Finances

In 2004 the income was DKK 368,1 Mio. The major sources of income were inheritance DKK 111,7 Mio., lotteries DKK 40,1 Mio., and the annual door-knocking campaign DKK 21,1 Mio.

In 2004, costs were distributed on the following target areas: research DKK 173,1 Mio., patient support DKK 73,8 Mio., prevention and information DKK 51,1 Mio. and administration DKK 20,0 Mio.

Research

The Danish Cancer Society's research pivots on two key areas: biological, experimental research and epidemiological research. In 2004, Danish Cancer Society researchers published more than 160 articles in leading international scientific journals.

Within the research area the establishment of the Danish Centre for Translational Breast

Cancer research - DCTB - is one of the most significant new activities. The DCTB is a co-operation between a number of Denmark's top researchers and physicians on breast cancer.

In October 2004, the "Centre for Genotoxic Stress" received almost DKK 40 Mio. from the Danish National Research Foundation. The research centre will investigate how the everyday environmental influences damage the cells of the human body. The new research centre will be placed as an independent centre within the Institute of Biological Cancer Research.

The epidemiological research focused on a research programme concerning Diet, Cancer and Health, Environment and Cancer, Genetics and Medicine, Psychosocial Cancer Research, Viruses, Hormones and Cancer, and Biostatistics and Data Processing.

In 2004 there has been and still is great focus in Denmark on mobile telephony, transmitter masts, and the risk of damaging effects from these units. The Danish Cancer Society has participated actively in the debate, and the Society's researchers have contributed to illuminating the problem. The Danish government decided to set aside means for further research in this field, especially relating to children and young people. Research on a joint Nordic level on these issues is initiated.

A new vaccine against human papilloma viruses (HPV) has been developed by the Institute of Epidemiology, and the vaccine is currently being tested. HPV DNA has been demonstrated in more than 99.7% of cervical cancer. The new vaccine is currently being tested in a comprehensive international phase 3 trial. The goal

of the investigation is to see whether the vaccine can prevent not only HPV infections but also cervical neoplasia.

Patient support

The Danish Cancer Society is working on the establishment of a new structure for counselling centres. A pilot project has been initiated with inspiration from British and Scottish experiences with the so-called "Maggie-Centres". The concept stipulates that the centre must be placed at the hospital site in the vicinity of the large cancer departments. The aim is to develop a new type of counselling unit, which values the interaction between counselling service and architecture, and which secures easy access for patients, relatives, and health staff.

The Danish Parliament has decided that the counties in the future are obliged to make agreements concerning establishment and running of hospices. 100 million DKK are earmarked for this purpose. The Danish Cancer Society plans to enter into co-operations concerning specific hospice projects to ensure high quality of the projects as well as the best possibilities for palliative and dying cancer patients.

Prevention

Together with a number of other patient societies the Danish Cancer Society has taken the initiative to work for the implementation of a ban against smoking in workplaces and in public rooms. The Danish Cancer Society hopes for a legal ban against smoking before the end of 2005.

The Danish Cancer Society is engaged in the preparation of the new Cancer Control Plan II through participation in the Cancer Management Group. The focus of our effort is directed

towards the quality of the offers, which the cancer patients meet along their cancer journey, and whether these are adequate.

The effort in the area of nutrition continues and is increased during the "6 a day" campaign. This campaign is a co-operation between the health organisations, the trade, and the authorities. So far the campaign has been successful in raising the consumption of fruit and vegetables in Denmark from 280 to 380 grams per day per capita.

A policy concerning physical activity has been developed by the Danish Cancer Society based on evidence concerning lifetime, quality of life and physical activity. Physical activity influences treatment results following surgical operation and radiation.

Projects concerning information campaigns targeting ethnic minority groups have been initiated in the fields of cancer diseases and smoking cessation.

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Professor Heikki Joensuu

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 outpatient 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 outpatient clinics, cytological and histological laboratories and a few hospices.

Highlights of activities in 2004

The Cancer Society of Finland was nominated as Outstanding UICC Member Organisation in 2004. The positive contribution of the Cancer Society of Finland to Finnish health policy, including the implementation of screening programmes and the creation of the Hospice Network in Finland in 1985 were emphasised in the nomination.

Screening of colorectal cancer started in 22 municipalities in September. The programme will extend in stages and it is designed in a way that it can be scientifically evaluated. Nation-wide cervical cancer screenings (started in 1963) and mammography screenings (started in 1987) continued.

A wide variety of psychosocial support services were provided throughout the country. The free telephone counselling continued for the 12th year providing services to nearly 4000 clients by phone or by e-mail.

Health promotion and public information activities continued actively. Internet was used as an important tool especially in smoking prevention among young people, new sites were launched and ongoing popular sites revised. Networking with other health organisations, the public sector and other partners played a central role in health promotion. The visual look of the cancer society's web site was revised, and visits to the site were tripled.

An extensive awareness and fundraising campaign was launched in February. A core element of the campaign was selling and promotion of specific cancer-products including a coat, a skirt, t-shirts, a bag, purses, badges, a belt and a cap.

Three Finns with a breast cancer past joined the international expedition to Mount Aconcagua "Beyond the White Guard" in February. The purpose of the expedition was to fight the myths related to cancer and to spread the encouraging message that one can survive breast cancer. An international TV-document was produced on the journey.

The strong traditions of statistical and epidemiological cancer research of the Finnish Cancer Registry continued. The registry was involved in 80 scientific research publications in 2004. The head of the Finnish Cancer Registry, Timo Hakulinen, was elected president of the International Association of Cancer Registries (IACR) for a four-year-period.

The Finnish Cancer Foundation granted a record amount of 3 million euros for cancer research for the fourth year already.

Financial support for the cancer registry of Trivandrum in India continued. The Cancer Society of Finland participates in the smoke-free hospitals -network in collaboration with 13 other European countries.

The former secretary general of the Cancer Society of Finland Liisa Elovainio is member of the UICC Council for the period 2002-2006. The chairmanship, secretariat and research fund of the Nordic Cancer Union are at the Cancer Society of Finland during the years 2003-2005.

The draft for a new strategy of the organisation was published in December.



MEMBER ORGANISATIONS



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Chairman:

Sigurdur Björnsson M.D.

Structure

The Icelandic Cancer Society is a nation-wide, voluntary organisation with 22 active, regional divisions, some recently reactivated, and 15 cancer patients' self-help groups around the country. Seven of the regional divisions have local service centres with a part-time employee, partly supported by the society. At the same time the society, with about 90 employees, can also be regarded as an institution with multiple functions that plays an important role in the Icelandic health service.

Income

The society's activities are primarily financed by donations, 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 various new approaches in financing, mainly through collaboration, involving various partners.

Another major source of income is through an agreement between the health authorities and the Cancer Society, which organises a Cancer Detection Clinic and carries out a nation-wide screening programme for cervical cancer (20-69 years) since 1964 resulting in a marked decrease in incidence and death from the disease.

Screening for breast cancer (40-69 years) started in 1987 and although the incidence keeps on rising, the death rate is going down. Women older than 69 years are welcome but not specially invited. The screening clinic continues participation in an international research programme on vaccination against HPV and cervical cancer. The society's total income in 2004 was 5,101,490 Euro's.

Highlights of activities in 2004

Apart from the national screening programme, the Icelandic Cancer Society is responsible for a variety of functions such as general information and education about cancer and tobacco prevention. This has contributed to a continuing reduction in smoking of young people. We have just finished a campaign to warn against solarium linked to the annual confirmation of young people in the country's churches.

Furthermore, successful courses have been run for cancer patients and their next of kin, "To live with cancer", also courses for volunteers and for health personnel. We encourage organised visits by the public, clubs, elderly citizens, to learn about our society.

The society runs a Molecular and Cell Biology Research Laboratory with a main emphasis on breast cancer research including a Bio-bank with samples from around 10,000 individuals. The laboratory has, in collaboration with the University of Iceland, trained about 50 students under a postgraduate scheme.

The Icelandic Cancer Registry, an extremely valuable population based data bank, is run under the auspices of the society and celebrated its 50th anniversary in May 2004 with an

international conference and publication of a book on Cancer in Iceland.

The society supports 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.

There continues to be a great demand for the eight flats purchased by the society in partnership with the Icelandic Red Cross, the Organisation for the Disabled and the Association of Bank Employees that are run by the University Hospital. They are for cancer patients and their families from the countryside who can stay there when they come to the capital for treatment, the reasonable rent being covered by their local division.

The society has recently employed a social worker to provide information and support for cancer patients and self-help groups.

The society continues to strengthen its support of the member organisations, stimulating formation of new divisions, as well as offering the patients' self-help groups a programme of support and training for volunteers, connected with our telephone information and support line for cancer patients.

The society has been actively engaged with other interested partners in discussing and preparing for a screening programme for colon and rectal cancer.

Work is in progress to update and reconstruct our website: www.krabb.is

MEMBER ORGANISATIONS



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Chairman of the board:

Professor dr.med. Erlend Smeland

Structure of the organisation

The Norwegian Cancer Society (NCS) is a non-profit nationwide, voluntary organization with approximately 142 000 members and permanent donors. NCS does not receive any money from the Norwegian authorities, and is thus totally dependent on the generosity, support and confidence of the general public.

The NCS has during 2004 undergone an extensive reorganising process. The numbers of departments are reduced from 9 to 3. In February 2004 NCS moved its head quarters in Oslo. In March 2004 NCS launched its new logo and profile.

Finance

In 2004 the income was NOK 362 mio. (approx 42,5 mio. EUR). The main 3 sources of income were membership fees/contributions/campaigns, inheritance and electronic games. In March 2004 NCS and Lions Norway hosted the fundraising campaign "Røde Fjær" and raised NOK 46 mill. to build the Montebello Tun Rehabilitation Centre.

Research

The NCS is a major contributor to research in Norway and acts as a driving force for broad-based cancer research of high international standard, to ensure optimum diagnosis and treatment of cancer. Of a total of 463 persons who were on the NCS's monthly payroll in 2004, 247 persons were engaged in research. NCS does not run its own research institutions. The research activity is integrated with the research carried out at universities, regional colleges and the main hospitals in Norway. Before granting support, the Society makes sure that each project proposal is subjected to detailed professional evaluation.

Patient support

The NCS continued in 2004 its nation-wide efforts to improve the quality of patient care and support, and achieve a more equal distribution of services for cancer patients and their relatives. The Cancer Helpline Telephone did in 2004 introduce a toll free telephone number and received approx. 4 300 inquires from cancer patients, relatives and health professionals (34% increase in number of inquires compared to the numbers in 2003). The counseling centers all over Norway also received many inquires from patients, relatives and health professionals, and the counselling centres also hosted educational courses and meetings for health professionals and students.

In 2004 NCS hosted a Conference on Complementary Cancer Therapy and also the 1st NCU Conference on Cancer and Sexuality. NCS is proud to have raised the awareness of these topics.

Prevention

NCS has in 2004 focused its prevention activities mainly on tobacco control. Together with the Norwegian Association for Heart and Lung patients NCS introduced the internet based cessation programme www.slutte.no. NCS initiated a project to reduce smoking at work by introducing the internet based cessation programme "Opptur", and NCS also introduced smoking cessation programmes for women. Furthermore NCS has initiated a programme in the junior high school to encourage children to eat more fruit and vegetables.

International Collaboration

In 2004 NCS continued to achieve recognition in various international arenas. Through memberships in organizations like International Union Against Cancer (UICC), European Organization on Research and Treatment of Cancer (EORTC), European Network on Young People and Tobacco (ENYPAT), European Cancer Leagues (ECL) and NCU, NCS has supported the global fight against cancer. In 2004 NCS has prepared prevention projects that NCS is planning to establish in developing countries in 2005. NCS has supported the ratification process of the WHO Framework Convention on Tobacco Control, as we believe that this agreement is very important in the global fight against cancer - especially in developing countries.

The New National Strategy Against Cancer
In 1994 the Norwegian Cancer Society (NCS) took the initiative for a Norwegian Cancer Plan. The Cancer Plan went in force in 1998 and Norway was the first country in the World to implement a National Cancer Plan. NCS saw the need for a follow up of the Norwegian

Cancer Plan, and hosted in 2003 a Conference where health politicians, public authorities and doctors were invited to discuss the need for a new national plan of action against cancer. After the Conference the Minister of Health initiated the establishment of a working group to develop a National strategy against cancer for following up the National Cancer Plan in order to address new challenges in the field of cancer. The working group did in 2004 develop the New National Strategy Against Cancer, and NCS financed and hosted the secretarial functions of the working group. The new national strategy will most probably enter into force in 2005. The Secretary General of NCS; Mrs Anne Lise Ryel; was a member of the working group and the former chairman of the NCS Board; Professor Odd Søreide; was a member of the reference group.

Lobbying activities

An increasing number of areas of legislation become more important to NCS and cancer policy. An essential task for Norwegian Cancer Society is on a regular basis to inform and influence the public authorities and the public policy-makers who formulate policy related to the activities of NCS, cancer patients, health policy and more. Norwegian Cancer Society has in 2004 initiated and coordinated lobbying activities mainly in the field of fundraising (mainly rules related to electronic games), VAT paid by NGO's, rules related to index of persons contributing funds to NCS and also to encourage the Norwegian Government to allocate funds to tobacco control projects in developing countries.

MEMBER ORGANISATIONS



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CANCERFONDEN

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Chairman of the Board:

County Governor Bengt Holgersson

Structure of the organisation

The Swedish Cancer Society, founded in 1951, is a non-profit and the largest fundraising organisation in Sweden. Behind the Swedish Cancer Society stands 37 large organisations.

Our task according to our charter, is to fund cancer research within Sweden. In addition we are focusing on information about cancer and prevention. Our vision is to cure cancer. Our values are trustworthy and independence and we aim at identifying questions to progress the cure of cancer.

Finances

In 2004 our total income was 373 million SEK. The major sources of income are legacies, material gifts and regular donations.

Last year, 191,5 million SEK was allocated to the research committee to finance projects, positions, fellowships etc. The total expenditure of 400 million SEK was allocated to research and development (77%), information and prevention (10%), fundraising (10 %) and administration (3%).

Research

The Swedish Cancer Society is the largest single contributor to cancer research projects in Sweden. The selection of projects and allocation of contribution are made by the scientific committee. The committee consists

of the leading researchers and clinicians within the field of cancer in Sweden. The scientific committee is selected by the board of the Swedish Cancer Society and is independent from the other activities of the Swedish Cancer Society.

Prevention

Theoretically a majority of the cancer cases could be prevented. The single most important factor is smoking and together with sun radiation and general life-style issues it is one of our focus areas.

Early detection and secondary prevention through different screening programs is another question of importance.

2004 - a successful year

We concluded a very successful year both in terms of financial result and also regarding to our activities. We have managed to keep the position as the number one fund raising organisation together with high attentions for our campaigns thus building an even stronger trademark.

Early spring we launched a smoking cessation activity in terms of a reality TV where 5 persons stopped smoking. In October we focused on the "Pink Ribbon" - a global manifestation on breast cancer which culminated in a TV-gala.

Challenges ahead

To continuously increase the contribution to cancer research is a great challenge. Fund raising becomes more competitive and we need to find new ways and channels to raise money. In 2005 we will try to focus further and to put an effort on the area of prostate cancer disease. The objective is to create awareness and increase knowledge about the disease as well as getting more resources for research. The Swedish Cancer Society also has an ambition to take a lead in the public debate and in questions in the area of cancer.

MEMBER ORGANISATIONS



THE FAROESE CANCER SOCIETY

FØROYA FELAG MÓTI KRABBAMEINI

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Structure

The Faroese Cancer Association is a private organisation relying on donations from subscriptions, lottery and gifts. The Association is not publicly funded.

Highlights in 2004

In many ways 2004 was a special year in the history of the Faroese Cancer Association because it now had existed for a quarter of a century. In this connection a celebration took place in the Nordic House in Tórshavn on 12 November with song, music, lectures, speeches and presentations. The local Prime Minister, Mr. Jóannes Eidegaard, gave his first speech in the capacity of being Patron of the Association.

The 25th anniversary was also celebrated by publishing the book *Okkara millum* (Between ourselves) edited by Ms. T. Kjölbro. The book is an attractive collection in which 20 Faeroe Islanders write about living with cancer. The Faeroese Arts Association has donated a poster of the painting *Brot* (Fragment) by the artist Mr. Torbjörn Olsen to celebrate the anniversary.

The Faeroese Cancer Association has continually substantial communication with authorities, institutions and associations and has sent a request to the Local Health Minister, Mr. Hans P. Ström, in order to introduce mammography screening in the Faeroes. Furthermore the Association continues to press the Hospital Authorities for a fully functional registration of cancer cases.

The work of the Counselling Office constantly increases as patients, relatives and others approach the Office for advice and guidance. The nurse attached to the Association has also

made home visits to patients, visited rest homes and hospitals apart from teaching and giving lectures at schools and institutions on cancer, children and grief, and when colleagues develop cancer. On the International Smoke Free Day the Association, in co-operation with the Preventative Council, organised a day of information at the SMS in Tórshavn.

Like in other parts of the World, also in the Faeroes we threw light on cancer in October when, for the first time, the Group sold pink bows that is an initiative to combat cancer; this proved to be very popular and the result was DKK 44,500 (GBP2,500); and in connection with this the Minister of Health got the first bow. Also a public lecture was given on breast cancer; Ms. Karen Heinesen gave a lecture on rehabilitation and nurses at the oncological ward at the National Hospital gave lectures on the treatment of breast cancer in the Faeroes.

The Self Help Group has performed well and been very active in the past year. Two informal meetings for people suffering from stoma and their relatives took place. Also the parents' group has been active and arranged for a meeting on grief and crises. In September the group arranged a trip to Denmark for families that have had or have children suffering from cancer.

Representatives for the Faroese Cancer Association have taken part in many meetings and conferences abroad; and this year the Association obtained full membership in the ECL. A project on rehabilitation is planned to start in the Faeroes basing on the Nordic project on rehabilitation, conducted by NCU. Also the topic of cancer and sexuality that has been dealt with by the NCU will be introduced in the Faeroes.

In December 2002 the Faroese Cancer Association started the Look good Feel better courses for women who are being treated for cancer. In 2004 there were four such courses. The courses have been very popular.

THE BOARD OF THE NORDIC CANCER UNION



Kræftens Bekæmpelse



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