

European cancer programme reduced mortality, but mostly for men

A 15-year cancer awareness programme in the European Union (EU) fell short of achieving its target of 15% reduction in the rise of cancer mortality, but probably helped avoid about 92 500 deaths among Europeans in the year 2000. This represents a 10% reduction in the number of expected deaths for men and an 8% reduction for women. In a report published in the *Annals of Oncology* (2003;14:1312-25), scientists say that the impact of the Europe Against Cancer (EAC) initiative gives some "clear insights" for future cancer control efforts.

"Renewed tobacco control efforts are clearly needed for women," notes Peter Boyle, lead author of the study and epidemiologist at the European Institute of Oncology in Milan, Italy. "And there is a strong case for the introduction of organized breast and cervix screening programmes in all member states."

The European Commission initiated the EAC initiative in the mid-1980s with the aim of significantly curbing cancer mortality by the year 2000. The endeavour focused on educating the public, improving training for health professionals, and pooling European resources for projects. Important products of the 15-year effort include quality assurance guidelines for mammography screening, and directives on tobacco labelling and advertising.

To find out how well the EAC projects translated into saved lives, Boyle and his team estimated mortality rates and cancer deaths in the year 2000 and compared them with those in 1985. The calculations reveal a patchwork of good news and bad across the EU.

Overall, cancer deaths in the EU between 1985 and 2000 increased less than projected. Unchecked, they were expected to rise from about 850 000 in 1985 to 1 033 000 in 2000. In the event the number of deaths was closer to 940 500 — about 92 500 fewer than expected.

Austria and Finland actually reached the 15% goal for both sexes, and Italy, Luxembourg and the UK came close. Greece and Portugal, on the other hand, are likely to have logged more cancer deaths than expected, in both men and women. Statistics for the five leading forms of cancer — lung, stomach, colorectum, breast and prostate — reveal mixed results as well. The largest reduction was in deaths from stomach cancer, which declined by more than 40% in the EU overall for both men and women. Colorectal cancer did not increase as much as expected either, except in Greece, Portugal and Spain. Breast cancer deaths were down 3% overall, with the largest risk reductions seen in Luxembourg, Sweden and the UK, which have national breast screening programmes. However, deaths due to prostate cancer rose 7%.

And while estimates indicate that lung cancer killed almost 24 000 fewer men than expected in 2000 — a decrease of 15%, more than 10 000 *additional* women died of the disease — an increase of 32%. Noting that women worldwide have taken up cigarette smoking "with gusto", the researchers found increases in lung cancer deaths among women in every EU country, ranging from 8% in the UK to 84% in the Netherlands. ■

Charlene Crabb, *Paris*

"Transformation" prescribed for mental health care in the USA

Mental illnesses are "shockingly common" in the USA, the New Freedom Commission on Mental Health recently reported to President Bush, and they "affect almost every American family." In any given year, 5–7% of all American adults have a serious mental illness, and 5–9% of all children have a serious emotional disturbance, the report says. It calculates that these illnesses cost the economy US\$ 79 billion a year in lost productivity, and a further US\$ 71 billion is spent each year on treating mental illness, out of a total of over US\$ 1 trillion spent overall on health care in the USA.

Despite these giant problems, the Commission produced an optimistic report, entitled *Achieving the promise: transforming mental health care in America*, released on 22 July. It had been charged by President Bush in April 2002 to make recommendations that would enable everyone with mental disorders "to live, work, learn and participate fully in their communities". Its recommendations emphasize recovery and resilience and are organized as six goals, concerned with promoting public understanding, consumer choice, equality, early screening and referral, research, and information technology. The current system, the report says, needs not just reform but transformation.

Fuller Torrey, a psychiatrist specializing in schizophrenia and manic depressive illness and president of the Treatment Action Center in Arlington, Virginia, commented: "Although the Commission's focus on recovery is understandable and recovery for all is a laudable long-term vision, it is important to remember that recovery is not currently possible for every person who has a severe psychiatric illness."

Other reactions were more enthusiastic. Norman B. Anderson, head of the American Psychological Association, applauded the report and said, "When implemented, these recommendations will help to ameliorate the fragmentation that is rampant throughout our country's existing mental health delivery system and will significantly improve the lives of people living with mental disorders."

Bedirhan Üstün, who coordinates WHO's work on the classification of disabilities, told the *Bulletin*: "The report emphasizes the immense burden of mental disorders which are the number one cause of disability worldwide, and rightly deplores the unfair limitations placed on treatment options and insurance coverage for mental health." ■

Desmond Avery, *Bulletin*