

CHARTER OF PARIS AGAINST CANCER

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WORLD SUMMIT AGAINST CANCER FOR THE NEW MILLENIUM

Charter of Paris: 04 February 2000

PREAMBLE

DEEPLY TROUBLED by the *profound and universal impact of cancer* on human life, human suffering, and on the productivity of nations,

COMMITTED to the *humanitarian treatment and equal partnership of people with cancer* in the ongoing effort against the disease,

ANTICIPATING the *rapidly rising tide of cancer incidence* throughout the globe, in developed and developing nations alike,

RECOGNIZING the need for *intensified innovation* in all avenues of cancer research, prevention and healthcare delivery,

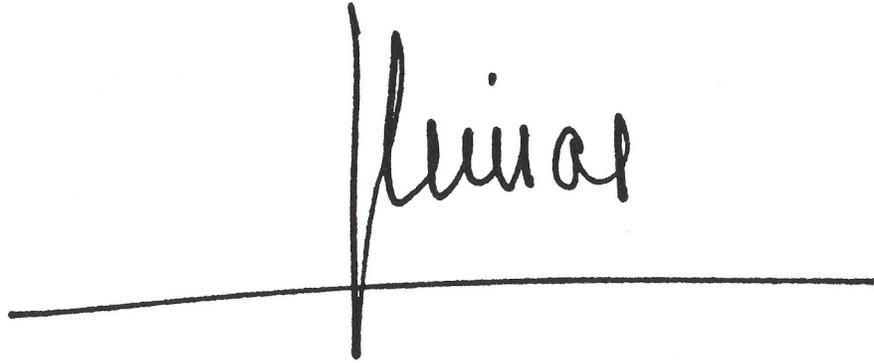
BELIEVING that *quality healthcare is a basic human right*,

ACKNOWLEDGING that currently achievable *improvements in cancer survival remain unrealized*, due to inadequate emphasis on prevention, inadequate funding and unequal access to quality cancer care,

CERTAIN that *lives can and will be saved by increased access* to existing technologies,

ASPIRING to nothing less than *an invincible alliance* – between researchers, healthcare professionals, patients, government, industry and media – to fight cancer and its greatest allies, which are fear, ignorance and complacency...

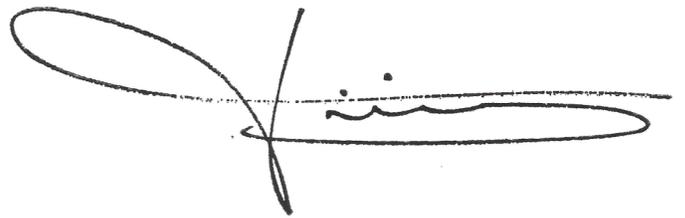
We, the undersigned, in order to prevent and cure cancer, and to maintain the highest quality of life for those living with and dying from this disease, fully commit and hold ourselves accountable to the principles and practices outlined herein.

A handwritten signature in black ink, appearing to read 'Chirac', with a long horizontal line extending to the left and a vertical line extending downwards from the start of the signature.

JACQUES CHIRAC
Président de la République Française

A handwritten signature in black ink, appearing to read 'K. Matsuura', written in a cursive style.

KOICHIRO MATSUURA
Directeur Général de l'UNESCO

A handwritten signature in black ink, appearing to read 'Tiberi', with a large loop at the beginning and a horizontal line extending to the right.

JEAN TIBERI
Maire de Paris



Article I

Cancer patient rights are human rights. The currently evolving movement to define and adopt cancer patients' rights is critical to recognizing and protecting the value and dignity of individuals with cancer throughout the world.

Prof. Chulabha Pradeekul Ph.D.

HRH PRINCESS CHULABHORN
OF THAILAND

Joshua Lederberg

JOSHUA LEDERBERG

Luca Gianni

LUCA GIANNI

Jimmie C. Holland

JIMMIE C. HOLLAND

Waun Ki Hong

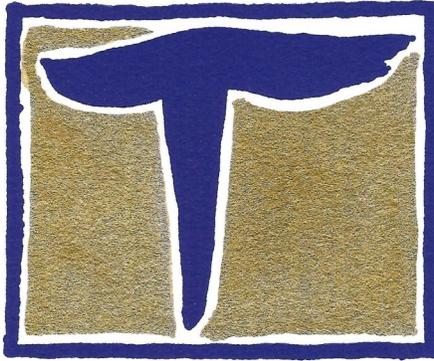
WAUN KI HONG

John Mendelsohn

JOHN MENDELSON

Joseph Simone

JOSEPH SIMONE



Article II

The stigma associated with cancer is a significant barrier to progress in both developed and developing nations, often causing:

- Undue emotional trauma for patients and their families
- Bias and discrimination against employment of people with cancer and/or their meaningful participation in and contribution to society
- Related financial hardship and loss of productivity
- Poor communication and insufficient public education
- An undue sense of fatalism that can adversely impact the commitment of governments, health agencies and private institutions in the war against cancer.

The parties to this charter undertake to better understand and eradicate the stigmas associated with cancer, to assertively redefine the disease as a treatable biological pathology and not a social condition.

The positive realignment of popular opinion, perception and concern regarding cancer and the millions of lives it affects will enable the full realization of each of the following priorities.


BERNARD FISHER


PETER HARPER


FRANCES M. VISCO

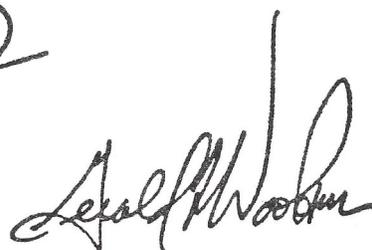

MATTI S. AAPRO

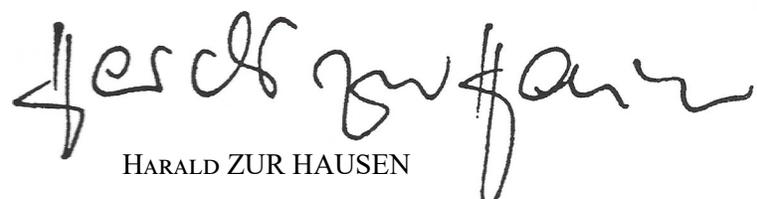

ELIEZER ROBINSON

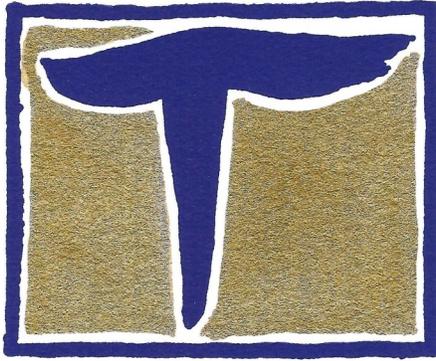

HERBERT PINEDO


VIRGINIA ERNSTER


ALAN S. COATES


GERALD WOOLAM


HARALD ZUR HAUSEN



Article III

The parties undertake a vigorous commitment to create an optimal environment for anti-cancer research innovation.

1. Knowledge of the biology of cancer and the fundamental mechanisms by which cancers emerge and progress is the origin of all advances that have increased and will further increase the rate of cure and the quality of life of million of people worldwide. The identification of new targets for detection, diagnosis and treatment must accelerate if we are to win the war against cancer.

The parties agree to aggressively build the case for enhanced government and industry funding of basic research, to encourage, protect and incentivize those who innovate, and to increase the means by which scientists may labor in intellectual freedom to constantly advance the frontiers of current knowledge.

2. Clinical research is the sole means by which basic research becomes meaningful to the lives of human beings. Breakthroughs in molecular biology or genetics can have no impact on cancer preventions , screening, diagnosis and treatment unless they are carefully evaluated and developed in clinical trials.

Research in the clinic also can immediately inform ongoing basic research efforts. This kind of translational research commonly conducted by institutions with both a basic and clinical research capability, rapidly tests hypotheses generate in the laboratory. Immediate feedback from the clinic obtained through translational research can meaningfully redirect basic research efforts and stimulate the generation of important new hypotheses.

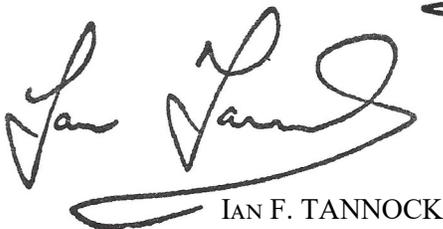

JEAN-CLAUDE HORIOT


RUGGERO MONTESANO


WEBSTER K. CAVENEY


JAMES F. HOLLAND


DAVID KHAYAT


IAN F. TANNOCK


MARGARET L. KRIPKE


JOSE BASELGA

Despite its importance, clinical research is significantly challenged not only by a lack of funding, but often by a lack of involvement on the part of healthcare professionals and institutions – and a lack of awareness among patients of the purpose and benefits of participating in clinical studies. Inadequate legal and regulatory harmonization between countries also means that large international clinical trials – the kind that are statistically powerful and can rapidly advance medical practice – can be extremely difficult and costly to conduct.

The parties pledge to elevate awareness and commitment to clinical research among all constituencies they represent and to seize every opportunity to strengthen the international research infrastructure. The parties further pledge to advance universal recognition of informed consent – the process by which patients are fully advised of the purpose, risks, and benefits of any clinical study. In so doing, the parties seek to enable rapid, powerful and inclusive clinical trials that ethnically engaged and also empower people with cancer.

ROBERT S. BENJAMIN

GABRIEL N. HORTOBAGYI

CARLO M. CROCE

JAIME DE LA GARZA

MARTIN D. ABELOFF

ANNA MARIA DESALVA

TETSUO TAGUCHI

LAWRENCE H. EINHORN

ISAIAH J. FIDLER

FRANCOIS BAILLET

MARGARET FOTI

MARTINE PICCART

JAFFER AJANI

GERARD AUCLERC

JAMES O. ARMITAGE

HAMDY A. AZIM

MARGARET TEMPERO



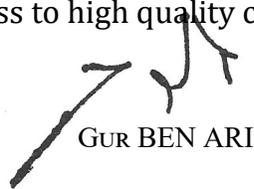
Article IV

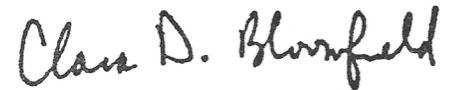
Despite the considerable strides that have been taken in the fight against cancer, survival outcomes vary dramatically throughout the world – not just between countries, not just between cities, but even between institutions within the same city. Wide variations in standards of care and access to quality cancer care a major cause of these discrepancies – and the often unnecessary morbidity and mortality that result.

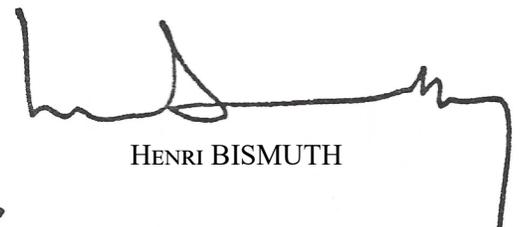
The parties reaffirm Article 25 of the Universal Declaration of Human Rights, which states that every individual “has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing housing and medical care”. Given the ubiquitous presence of cancer and its impact on society the parties commit to promote quality cancer care within the local economic context for all individual. The parties therefore endeavor to promote:

1. Evidence-based medical practice and clear definition of “quality care” according to all available scientific evidence.
2. Systematic development of guidelines based on the best available evidence for prevention, diagnosis, treatment and palliative care.
3. Appropriate prioritization of quality anti-cancer care at every level of healthcare provision, consistent with the total burden of disease.
4. Intensified cancer specialization and better integration of care among medical disciplines.
5. Widespread patient access to high quality clinical trials

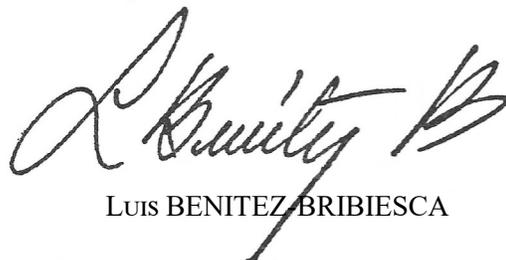

ROBERT BAST

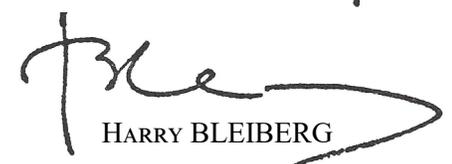

GUR BEN ARI

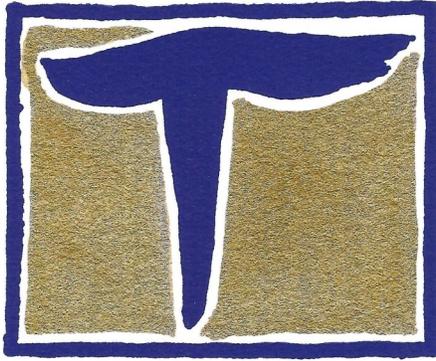

CLARA D. BLOOMFIELD


HENRI BISMUTH


JOSEPH BERTINO


LUIS BENITEZ BRIBIESCA


HARRY BLEIBERG



Article V

The World Health Organization estimates that by the year 2020, 20 million new cases of cancer will emerge each year. 70% of these patients will live in countries that between them will have less than 5% of the resources for cancer control. Cancer will continue to become an increasingly important contributor to the global burden of disease as we enter the next millennium, despite the fact that many cancers are preventable through control of tobacco use, diet, infection and pollution. It is estimated, for instance, that infections – many potentially preventable – cause 15% of cancer worldwide and 22% of cancers in the developing world. The use of tobacco similarly causes millions of new cancers and cancer deaths each year, in both the developed and the developing world.

Nancy Brinker
NANCY BRINKER

Roland Bugat
ROLAND BUGAT

Antonio Buzaid
ANTONIO BUZAID

Paul A. Bunn
PAUL BUNN

Eduardo Cazap
EDUARDO CAZAP

Weiming Cai
WEIMING CAI

George P. Canellos
GEORGE P. CANELLOS

Natale Cascinelli
NATALE CASCINELLI

Hilary Calvert
A. HILARY CALVERT

Lilly Christensen
LILLY CHRISTENSEN

This reality emphasizes the need for development of public policies that support the fight against cancer and urgent deployment of existing knowledge and technologies in the basic prevention of cancer to stem the rising tide of disease. The parties undertake to:

1. Actively support existing cancer prevention programs globally and build awareness and commitment to cancer prevention across all constituencies they represent.
2. Identify opportunities to accelerate public education in tobacco control, diet modification, infection control and environmental protection.
3. Organize the support of industry and governments to enhance the delivery of cancer prevention through medical technology wherever possible.



GIORGIO COCCONI



ROBERT L. COMIS



MICHAEL O. COLVIN



MANUEL CONSTENLA



EDUARDO DÍAZ RUBIO



HERNAN
CORTES FUNES



RICCARDO DALLA FAVERA



IPOSITO DONINI



JEAN DAUSSET



TOM CURRAN



ALEXANDER EGGERMONT



SHELTON H. EARP



Article VI

It is an uncontested fact that early detection of cancer for any or all of the two hundred or more varieties, leads to a better outcome for the patient. Importantly, the treatment of several recognizable pre-cancerous conditions also can prevent cancer. Fear and ignorance of signs and symptoms of cancer or precancerous conditions are common, however, and by its nature cancer can be insidious and difficult to detect without a screening intervention. It is also known that early detection is particularly important for those people at high risk of cancer, due to lifestyle, environment, occupation, family predisposition or low socio-economic status.

Recognition that the earliest symptoms of cancer can be confused with common illnesses further emphasizes the need for effective screening and attentive medical diagnosis. Screening methodology to identify cancer early can extend from simple observation, laboratory tests and x-ray examinations to more sophisticated examinations, all of which have proven value in the early detection of several cancers. In addition to education about cancer prevention, implementation of screenings programs – within economic possibilities – should be a prime objective to reduce the cancer burden. These screening programs must be coupled with access to quality treatment in order to be effective.

The parties undertake to accelerate the development and widespread application of proven and emerging screening technologies, such that all individuals who might benefit from screening will do so, irrespective of race or socio-economic status.

PAUL ELLIS

PAUL ENGSTROM

EMIL FREI III

MARC S. ERNSTOFF

GABRIELLE EICHHOLTZ

OSCAR FERNANDEZ

FRANCOIS ESCHWEGE

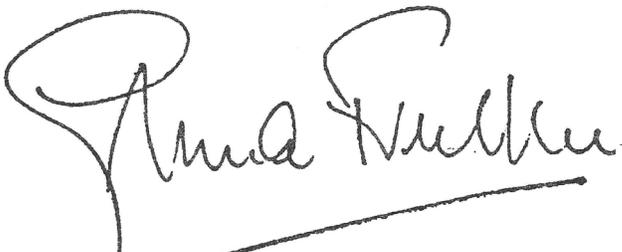


Article VII

Individual and constituency-based patient advocacy has directly and favorably impacted the war against cancer in instances in which it is well informed and rooted in an understanding of and commitment to quality science and evidence-based medical practice. As the primary stakeholder in the anti-cancer effort, the patient is uniquely positioned to focus the overall anti-cancer effort on eradication of disease and on the optimal use of resources to benefit people at risk of cancer and people living with and fighting the disease.

The parties undertake to strengthen the position of the cancer patient as an active partner in the fight against cancer and will actively promote the following principles:

1. All people affected or potentially affected by cancer should have equal access to information concerning the disease and treatment options including disease origin, prevention, current standards for detection, diagnosis and treatment.
2. Open and collaborative communication between people with cancer and health care professionals and scientists is essential.



GLORIA FREILICH



JOSE RAMON GERMA



EMIL FREIREICH



SHIGERU FUJIMOTO



VASSILIS GEORGOULIAS

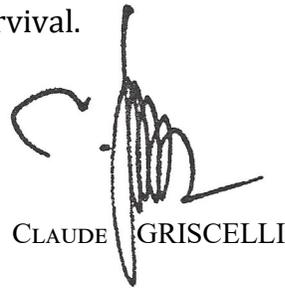


JOSE MARIO FREUE

3. A commitment to total patient well being includes not only clinical care but also information and psychosocial support. Health care professionals and people with cancer share the responsibility to ensure that total patient needs are met.
4. People with cancer throughout the world have the opportunity to become informed, organized and influential.
5. The professional medical community, recognizing the power and benefit of an informed and active public, will help facilitate popular commitment to both the scientific process and the practice of evidence-based medicine.
6. The medical research, industry and policy communities will regard informed patient advocates as key strategic partners in all aspects of the fight against cancer, including the advancement of standards of care and survival.



ARON GOLDHIRSCH



CLAUDE GRISCELLI



CHARLES GOMBE M'BALAWA



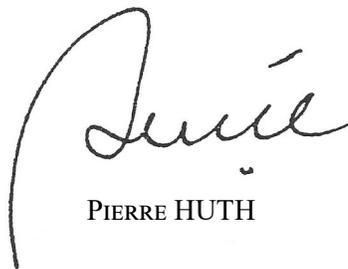
DAVID GOLDMAN



LUCIEN ISRAEL



JOAQUIM GOUVEIA



PIERRE HUTH



HEIZABUROU ICHIKAWA



DIETER HOSSFELD



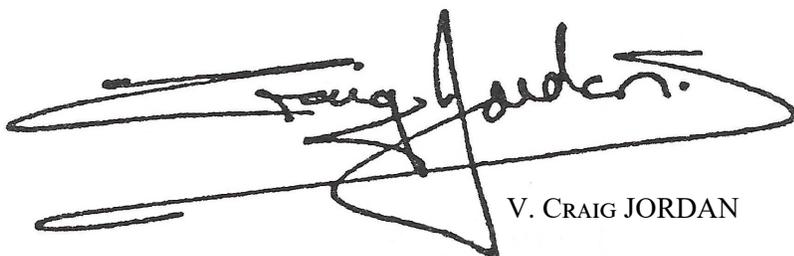
NANCY KEMENY



Fritz JANICKE



VICTOR IZRAEL



V. CRAIG JORDAN



CLAUDE JASMIN



Article VIII

Improving patients' quality of life is a primary objective in the effort against cancer. Both the physical and emotional burdens of cancer can be significant, and often they are compounded by the side effects of treatment. Because clinical outcomes can be affected by the overall state of a patient's mental and physical well being the preservation of quality of life – including physical, psychological and social functioning – should be a medical as well as a humanitarian priority. It also must be noted that while giant strides have been taken to improve cure rates in the last 20 years, the majority of the world's cancer patients today do not experience a cure.

When cancer is not curable, important quality of life advantages still can be achieved through optimal anti-cancer treatment (chemotherapy, radiotherapy) and supportive care, including pain and fatigue management, and end of life palliation.

The parties will pursue the following goals to increase commitment to quality of life issues in the fight against cancer:

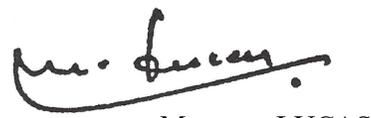
1. Improvement in the comprehensive care of people with cancer including supportive care and palliation through specific treatment modalities.
2. Recognition at the clinical and also at the policy level of the importance of patients' quality of life, regardless of the stage of the disease and prognosis, and optimal supportive care of cancer patients, particularly in instances in which cure is not achievable.


JANA KOZELSKA


MICHAEL LICHINITSER

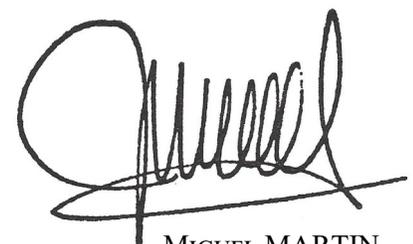

FERNAND LABRIE


ERIC LARTIGAU


MICHAEL LUCAS


MARGUERITE LEDERBERG


THIERRY LE CHEVALIER


MIGUEL MARTIN

3. Prioritization of quality of life as a key endpoint in the development of new drugs and also in patient care.
4. Aggressive, continued development of scientific tools to measure and assess quality of life in the clinical setting.
5. Intensive education of healthcare professionals and cancer patients regarding both the need and the opportunity for effective cancer pain control at every stage of disease and treatment. Cancer-related pain profoundly impacts quality of life and is often grossly underestimated and undertreated, even when it can be adequately controlled.
6. Pursuit of a better understanding and also a transformation of attitudes regarding death and dying, to ensure that the end of life is accepted as a natural experience that can and should be addressed medically, psychologically, emotionally and spiritually. Optimal medical care of the dying cancer patient must be effective, humane and compassionate.



MICHEL MARTY



GORDON McVIE



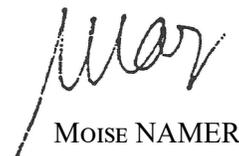
FRANK MCCORMICK



MARCO MERLANO



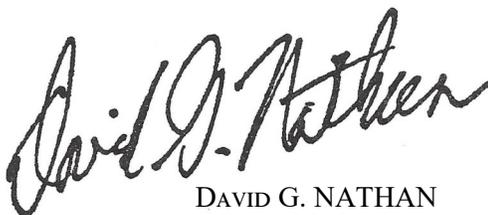
N.C. MISRA



MOISE NAMER



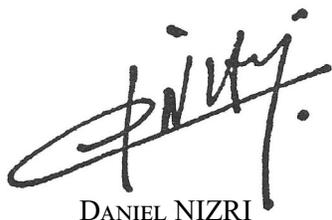
GUMERSINDO PEREZ MANGA



DAVID G. NATHAN



PIER GIORGIO NATALI



DANIEL NIZRI



MICHAEL O'CONNELL



LARRY NORTON



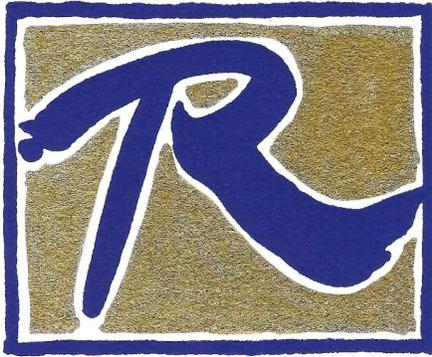
NIALL O'HIGGINS



ROBERT F. OZOLS



WILLIAM P. PETERS



Article IX

Recognizing the wide variability in resources and epidemiology throughout the world, the parties agree that individual countries must design national anti-cancer strategies according to local needs, and apply resources where they will have the greatest impact. Some nations might choose, for instance, to fund as a first priority strategies against those cancers that are preventable or curable, including prevention education and specific treatments. Other countries might strengthen immunization efforts as part of an overall cancer control strategy or more aggressively support the use of adjuvant chemotherapy to improve cancer survival outcomes. Each of these variable needs and opportunities have recently been defined by the World Health Organization in its effort to craft a global cancer control strategy.

It is clear that regardless of economic circumstance, a critical assessment of anti-cancer needs, appropriate planning and prioritization can meaningfully curtail the impact of cancer in both developed and developing nations alike.

The parties undertake to actively support the concept of national anti-cancer planning according to local need and resources. They further pledge to challenge all communities engaged in the fight against cancer to ensure such planning sufficiently prioritizes the current and looming cancer crisis – and optimally captures the significant opportunity to reduce cancer-related morbidity and mortality.

THIERRY PHILIP

MICHAEL RICHARDS

PIERRE POUILLARD

STEVEN ROSEN

DONALD ROWLEY

KATHY RUSSELL

CHANGGENG RUAN

JACQUES ROUESSE



Article X

ince cancer knows no boundaries, and individual countries cannot address the challenges of cancer in isolation, a new cooperative approach to research, advocacy, prevention and treatment must be established.

The parties undertake to develop unprecedented global networks and alliances to further the goals of this charter. They further pledge to ensure that the objectives of this charter are not abandoned after its signing, by:

1. Recognizing the declaration by all appropriate institutions that February 4 shall be marked as "World Cancer Day" so that each year, the Charter of Paris will be in the hearts and minds of people around the world.
2. Establishing standing committees that will produce annual reports, benchmarking progress against each of the articles of the Charter.

DAN RUTZ

HILARY THOMAS

THOMAS TURSZ

ANDRES SCHMILOVICH

RICHARD SCHILSKY

CLAUDE SOUBRANE

MAURICE SCHNEIDER

EIICHI TAHARA

MAURICE TUBIANA

HELENE STOVAL

DANIEL SERIN

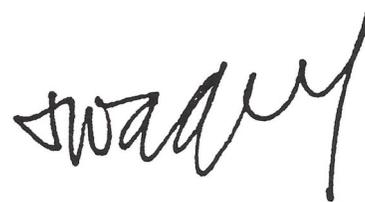
MICHAEL UNTCH

VALENTINO TANCA

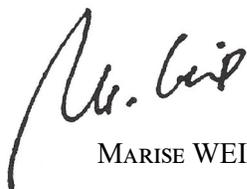
3. Forming a global network of advocacy groups to encourage grassroots support for charter articles within their communities.
4. Creating a global research organization made up of leading professional societies around the world. This group will be dedicated to ensuring that current knowledge is shared across borders, research gaps are identified and promising areas are explored.
5. Rallying one million people around the world to sign the Charter of Paris by the year 2001, thereby showing their willingness to mobilize on behalf of those affected by cancer.



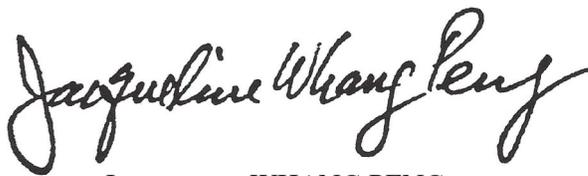
ANDREW C. VON ESCHENBACH



THEO WAGENER



MARISE WEIL



JACQUELINE WHANG PENG



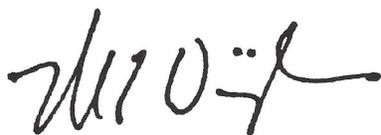
MAX S. WICHA



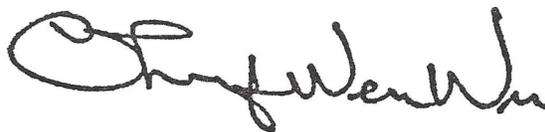
ELIE WIESEL



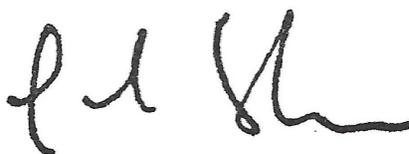
NORMAN WOLMARK



RICK WINNINGHAM



CHENG-WEN WU



JOHN ZALCBORG