



Foto Mikael Risedal

Annual Report 2010

The Nordic Cancer Union



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Nordic Cancer Union

www.ncu.nu

Collaboration for improved cancer control in Scandinavia since 1980

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

NCU

in short

The Nordic Cancer Union (NCU) was founded in 1949. It is a collaborative body consisting of members from the Danish, Swedish, Finnish, Icelandic, Norwegian, and Faroese Cancer Societies. The Åland Cancer Society holds an observer status in the NCU. The goal of the NCU is to collectively improve understanding of cancer diseases, find effective prevention, obtain and further results of cancer treatment and rehabilitation as well as enhance their effective application in the Nordic region.

The Nordic Cancer Union is directed by a Board consisting of chairmen and Secretary Generals of the NCU member organisations. While the Board meets annually the Secretary Generals of the Nordic cancer societies meet 3-4 times a year to coordinate joint activities and to prepare recommendations for the Board.

These regular meetings enable and facilitate information exchange about ongoing campaigns, activities, discussions and other processes at national levels while developments are followed-up and discussed. An important part of NCU collaboration is to encourage joint cancer research of qualitative standards within the Nordic research community.

The NCU has been awarding research grants since 1989. Applications are handled in two phases: beginning with the national expert groups and then by the Nordic Research Committee which comprises one representative from each NCU member country. The NCU secretariat is located at the cancer society which holds the chairmanship of the NCU for three consecutive years. The Secretariat is responsible for general administration and coordination of NCU activities, excluding grant management which is permanently located at the Norwegian Cancer Society.

The NCU Secretariat for 2009 – 2011 is chaired by the Swedish Cancer Society.
For 2012 – 2014 it will be chaired by the Faroe Islands Cancer Association.

Approved Research Grants 2010

Principle Investigator	Workplace of Principle Investigator	Project title	Awarded amount (€)
Peter de Nully Brown	Rigshospitalet, Copenhagen	The Nordic Lymphoma Group: a bench-to-bedside approach to improve management and outcome of patients with malignant lymphoproliferative diseases in the Nordic countries	40 000
Anne-Lise Børresen-Dale	Oslo University Hospital	Her2+ breast cancers and drug reponse; a Finnish-Norwegian collaboration	100 000
Kari Hemminki	German Cancer Research Center / Lund University	Collaboration on familial cancer in the Nordic countries	80 000
Stein Kaasa	NTNU, Trondheim	Multimodal exercise/nutrition/anti-inflammatory treatment of Cachexia	80 000
Eva Hellström Lindberg	Karolinska University Hospital, Stockholm	Investigator-initiated Nordic MDS group GCP trials to improve outcome for patients with MD and associated leukemias, and increasing biological understanding through establishment of a Nordic experimental platform	50 000
Elsebeth Lynge	University of Copenhagen	Mammography: From a pragmatic to an individualised screening schedule	70 000
Ulf-Henrik Mellqvist	Sahlgrenska University Hospital	Nordic myeloma study group (NMSG) - organisation and trials	30 000
Richard Rosenqvist	Uppsala University Hospital	Comprehensive molecular screening and large-scale Data integration in a population-based cohort of chronic lymphocytic leukemia	30 000
Awarded total amount			480 000

Strategic Initiative from NCU

Cost of Cancer in the Nordic Countries

Cost of Cancer in the Nordic countries is a recent SINTEF-study funded by the Nordic Cancer Union. The study provides estimates and comparison of costs of cancer in all of the Nordic countries. It covers costs of hospital treatment and prescription drugs, screening programs for breast and cervical cancer, and public expenditures related to sickness absenteeism and early retirement.

According to the study, cancer-related treatment costs can be expected to increase by 28 percent by 2025 due to increasing cancer prevalence in the future. This estimate does not take into account future changes in treatment costs due to innovations in technology, cancer therapy and organization of treatment and is therefore likely to be on the low side. The increase amounts to an annual growth of 1.3 percent or 0.9 percent per capita.

The rising costs of cancer treatment raise important questions concerning how to address future challenges including the question of sustainable growth, efficient use of available resources, advances in cancer prevention and treatment, and the impact of financial mechanisms. The cross-country comparisons among Nordic countries point to some interesting differences and areas where potential gains can be made.

Overall differences in per capita cancer-related treatment costs are relatively modest. Norway is found to have the highest per capita estimated treatment costs, eight percent above Denmark. Country differences in per capita treatment costs can be related to both differences in cancer prevalence, activity levels and composition, and unit costs. Country differences in program screening costs are on the other hand large, reflecting country differences in screening programs regarding screening frequency and age-groups covered. The estimated country differences in cancer-related public expenditures on sickness benefits and disability pension are substantial, with Norway on the high side and Iceland on the low side. Iceland has a mandatory insurance scheme administered by the labour unions contributing to low public expenditures.

You can read the report on our website: www.ncu.nu.

The Danish Cancer Society

Kræftens Bekæmpelse

Managing Director
President of the Board

Leif Vestergaard Pedersen
Frede Olesen, Professor, Dr. Med. Sci.

Structure of the Organisation

The Danish Cancer Society is a democratic organisation with more than 455.000 members. The members are organised in 98 local committees. The committee members are elected at the annual general meeting. The 98 local committees constitute the governing body of the Danish Cancer Society meeting once a year.

In each of the 5 regions a regional committee has been set up. Both local and regional committees cooperate with the local and regional administrations.

Income and Costs

As far as concerns fundraising and income 2010 was an extremely successful year. The Danish Cancer Society's income was 72.2 million Euros. Inheritance accounted for 23.5 million Euros, lotteries accounted for 7.3 million Euros, and the annual door-knocking campaign for 3.7 million Euros.

In 2010, the Danish Cancer Society distributed costs on the following target areas: Research 32.5 million Euros; patient support: 16.8 million Euros; prevention and information: 12.1 million Euros; administration 4.4 million Euros.

Research

The Danish Cancer Society's research pivots on two key areas: biological, experimental research and epidemiological research. In 2010, Danish Cancer Society researchers published more than 215 articles in leading international scientific journals.

Institute of Cancer Biology

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

The Institute consists of six departments covering Cell Cycle and Cancer, Proteomics in Cancer, Tumour Microenvironment and Metastases, Apoptosis, Breast Cancer and Cancer Genetics. In addition, there are two research centres affiliated to the Institute: The Danish Centre for Translational Breast Cancer Research (<http://www.dctb.org/>) and the Centre for Genotoxic Stress Research (www.genotoxic.dk).

Among the obtained results from 2010 were the following:

- The mechanism by which the cancer-associated stress protein, the heat shock protein Hsp70, keeps cancer cells alive has been identified. This opens many possibilities for novel treatment strategies.
- It has been demonstrated that breast cancer cells which develop resistance to antioestrogen therapy switch from using the oestrogen receptor as the key molecule driving cell growth to using the HER receptor system. Cell model systems have shown that the most efficient treatment for antioestrogen resistant cells is a pan-HER inhibitor which inhibits signalling from all four HER receptors. These data are highly clinically relevant.
- The 53BPI protein has been identified as a marker in human breast cancer to help predict response to treatment. This is particularly relevant for the so-called triple-negative type of breast cancer, which is the type most difficult to treat so far.
- A number of signal molecules (ubiquitylation) as response to radiation and other genotoxic stress factors have been described.
- It has been shown that protein profiles in the interstitial fluid change when normal cells develop to cancer cells. A protein profile has been described that may enable an early detection of the rare apocrine breast cancer. It seems that the researchers with great probability can predict how this type of cancer will develop and thus help stratifying the patients for the proper treatment.
- A set of DNA markers have been identified that allow detection of most bladder cancers. A combination of DNA-methylation markers and mutation markers detects cancer cells in bladder cancer with a high sensitivity, which may improve methods for non-invasive detection in the urine.
- New components in the tumour microenvironment have been described that correspond between the tumour and the connective tissue cells. Some of these, e.g. S100A4, may be responsible for the development of metastasis and the spread of cancer cells and may also have a role in chronic inflammation diseases.

Institute of Cancer Epidemiology

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

The Institute consists of 7 research groups within genetics, diet and lifestyle, psychosocial cancer research, virus and hormones, occupational cancer, environmental exposures, and statistics. The main outcome of the work at the Institute is new and original research findings publishable in high-quality international research journals using peer review. In 2010, the Institute had a total of 174 such publications.

Several important achievements were obtained in 2010 including:

- 1) A study of long-term absolute risk of cervical intraepithelial neoplasia grade 3 (CIN3) or worse following Human Papillomavirus infection in cohort of almost Danish 9000 women from the general population. The study showed that HPV16, HPV18, HPV31, and HPV33 infection and especially HPV16 persistence were associated with high absolute risks for progression to high grade cervical lesions. The results indicate the potential value of genotyping in cervical cancer screening. Given that HPV DNA-negative women retained their low risk of CIN3 or worse for many years, frequent screening of these women may be unnecessary (J Natl Cancer Inst 2010;102:1478-88).
- 2) A study of the importance of adherence to lifestyle recommendations in regard to risk of colorectal cancer. The study is a prospective cohort study of 55,487 Danish men and women aged 50-64 years at baseline (1993-1997), not previously diagnosed with cancer. The study showed that adherence to the recommendations for physical activity, waist circumference, smoking, alcohol intake, and diet may reduce colorectal cancer risk considerably. In the Danish population under study 23% of the colorectal cancer cases might be attributable to lack of adherence to the five lifestyle recommendations (Br Med J 2010; 341: c5504).
- 3) A study of air pollution from traffic and risk for lung cancer in three Danish cohorts with the inclusion of 679 incident cases of lung cancer. The study showed that the relative risks for lung cancer were 1.30 (95% confidence interval, 1.07-1.57) and 1.45 (95% CI, 1.12-1.88) for brain tumor incidence rates in Denmark, Finland, Norway, and Sweden during the period 1974-2003 when mobile phone use became exceedingly prevalent; no increasing time trend was observed which could be allocated to the use of mobile phones (J Natl Cancer Inst 2009;101:1721-4).
- 4) A study of supplemental intake of beta-carotene, folate, vitamins C and E, and risk of urothelial carcinoma in 55,000 Danish men and women: The analysis indicated no preventive effect on urothelial cancer of these micronutrients (as otherwise hoped) (Eur Urol 2009;56:764-70).

More information about the Institute of Cancer Epidemiology can be obtained at <http://www.cancer.dk/epi>

Department of Quality

The Department of Quality works towards improving the quality of the cancer patients' journey, with particular focus on the assessment, treatment and control processes, while also focusing on the health care system in general from a system perspective.

The Department of Quality is obliged to ensure quality in the cancer process from a clinical, organizational and patient perspective with a critical eye on how the end results are influenced by the quality of health care services and the organization of health care. Patient safety is a central and specific subject area. The department also collects and provides information about international developments, so that new scientific results, organizational improvements and "best practice" from cancer care may be implemented in the Danish health care system.

Among the main results of the Department of Quality in 2010 are:

- The Launch of the “Patient's GPS” - development of a website with information on cancer treatments for patients (in Danish) - see www.cancer.dk/gps
- Undertaking a large scale survey of Danish cancer patients (The Barometer Query) aimed at pinpointing areas for improvement of cancer care. Results to be published during 2011.
- A series of reports, talks and articles regarding issues of patient safety with regards to cancer.
- The experiences of cancer patients - developing an IT system for systematically collecting and disseminating patient case stories.

Among other current projects are:

- Integration of PROMs (Patient Recorded Outcome Measures) in a clinical cancer quality database – i.e. linking patient generated quality data with clinical and organizational data as a means to monitor patients quality of life and reactions to care and improve clinical practice.
- Follow ups – the Department of Quality is engaged in redesigning the follow up procedures of cancer patients.
- Facilitating research on different aspects of the patient pathway (eg from symptom to treatment, controls after end of treatment, continuity of cancer care).
- Involvement of patients in their own care and in decision making within the health care system.
- Patient involvement at the system level of health care.

Patient Support

Support at the front line

The Danish Cancer Society have 15 counselling centres spread all over Denmark where people affected with cancer can receive face to face counselling from psychologists, social workers and nurses, individually or in groups, and where they can get in contact with other cancer patients. A lot of volunteers are part of the centres.

In 2009 and 2010 we have been establishing a new open concept for the counselling centres. The centres will be placed at the front line of the hospital on hospital grounds or very close by and the users – cancer patients or family or friends caring for a cancer patient – don't need an appointment. They may drop in either because they like the look of the place, or because a nurse or doctor has suggested they might like to go. The centre is a flexible space where we offer information, psychosocial support, advice on nutrition, exercise and relaxation therapies.

The professionals in the centres listen and if they are asked they offer advice and guidance, but they do not instruct. Patients and caring family members visiting the centre are offered help to find the individually best way of coping with the disease.

Our experiences so far show that due to a strong cooperation with the health professionals at the cancer wards much more people affected with cancer attend the counselling centre. This proves that professionals are important gate keepers – if the doctor recommends you to seek support it is very likely you comply. The referral is made easier through knowledge.

In 2010 cancer rehabilitation was an important issue in patient support. In collaboration with the Ministry of Health and the Municipalities Association, The Danish Cancer Society held a national conference on cancer rehabilitation in municipalities. The Cancer Society was strongly involved in a Medical Technology Assessment of cancer rehabilitation, and the society launched a white paper on cancer rehabilitation. Together with a Danish Foundation, Novo Nordisk Fond, a large research program with 30 mio. DKK was initiated.

In palliative care, Patient Support was actively involved in the establishment of a national multidisciplinary workgroup on palliation. Patient Support was also very active in a workgroup at the National Board of Health preparing the National Cancer Plan III. Patient Support initiated a collaboration with another foundation, TrygFonden to launch a large strategic research program in palliative care.

Prevention

Smoking

From August 15th 2007 a law on smoke-free environments banning smoking in the workplace, indoor public areas and institutions like schools, public transport, and restaurants came into force in Denmark. The law is incomplete and allows smoking in one-person offices, special rooms for smoking and smoke stations and in bars less than 40 square meters in area. Nevertheless, it has had a positive effect in de-normalizing smoking. Smoking prevalence is declining and 20 % of the adult population is daily smokers and 2/3 of the population wish stronger regulations limiting smoking. The law was up for revision in 2010, but this has been postponed to 2011. The Danish Cancer Society continues its activities with education of smoking cessation counsellors; internet and school based programs against smoking and for stopping smoking, and launched a new internet based cessation program in 2010 (ddsp.dk). Activities to map and highlight exposure to environmental tobacco smoke continue along with collecting and evaluating the scientific evidence. Exposure to neighbour smoke in multi-unit housing is an upcoming issue; more than 1/3 of the population is living in multi-unit housing and of those more than 20 % are exposed.

Sun Campaign

TrygFonden and the Danish Cancer Society have extended their collaboration until 2013 with their respective commitments to the “Reduce Your Sun between 12 and 15” campaign. The partnership was established due to the dramatic increase in the incidence of skin cancer with a tripling among Danish women and a doubling among Danish men over the last 30 years. Skin cancer is now Denmark’s most common type of cancer. Consequently, one out of eleven Danes is diagnosed with skin cancer before they turn 75.

The campaign in 2010 continued to promote sun safe behaviour in Denmark through various efforts. In particular, awareness-raising in relation to the dangers of extensive UV-exposure during the ‘peak’ hours and promoting structural changes that make it easier for Danes to incorporate sun safety into their everyday lives. In 2010, the campaign also focused on educating professionals and commercial partners to help disseminate knowledge about sun safety for example nurses, teachers and pharmacy staff. Recognising that sustainable behaviour change takes time, the campaign has increased corporation efforts with educational institutions, municipalities, volunteers and strategic partners.

The 2010 campaign achieved high media coverage and ran three major media and PR campaigns addressing UV exposure during the Danish summer, on sun-seeking vacations and from solariums. These topics became prominent in both the media and public debate.

The campaign was successful in mobilising almost 1000 volunteers who arrange events and promote sun safety through face-to-face dialogues countrywide. The public advocacy efforts regarding sunbeds have resulted in 1/3 of all municipalities closing public sunbeds. Also on a national level, political attention has been raised with opposition parties pushing for a total sunbed ban for children under 16.

In 2010 a centre of excellence for campaign evaluation was established and integrated a systematic evaluation framework for the campaign efforts. This has received both international and national recognition.

HPV vaccination campaign

For women who themselves have to pay for the HPV-vaccine the percentage vaccinated is very low – especially in rural areas. Our main target groups in 2010 were women age 18-26 and parents. The campaign website was relaunched with information targeted these two groups. We also published a pamphlet about the HPV-vaccine targeted parents.

The campaign is based on network and therefore active on the social media platform Facebook, where more than 15,000 people now support and interact with the campaign. In 2010 we were the first health-campaign to host a live event on Facebook with the well known and very popular TV-host Felix Smith and 35 year old Maria Rűsz, who still struggles with the many consequences of being diagnosed with cervical cancer. The aim of the event was to motivate young women to protect themselves against the disease.

Prevention of cervical cancer among ethnic minorities

Women from ethnic minorities have a lower participation rate in screening for cervical cancer and a lower rate of participation in the HPV-vaccination program. Qualitative interviews with minority women have shown that they have too little knowledge about the screening program. To secure that the women have correct and easy-read information about prevention of cervical cancer, we have made pamphlets in English, Arabic, Turkish, Farsi, Somali and Urdu. It is very important that the women can get information in their own language. We have also made a one-day screening-course for ethnic health promoters who have the direct access to and are respected among the target groups. The course supplies the health promoters with basic knowledge about cervical cancer, screening and HPV. In 2010 we held the first course for health promoters working for the municipality of Copenhagen. It is our plan that ethnic health promoters in other municipalities will take the course in the coming years.

Whole grain campaign

A campaign and partnership on whole grain was launched in 2008 to combat obesity and thus improve public health. The campaign promotes whole grain products and advice on a well balanced diet based on dietary fibre and whole grain. The campaign is collaboration between producers of whole grain products, the retailers, the National Food Agency, and more health promoting organizations including the Danish Cancer Society, who host the campaign secretariat. As a result of the joint efforts brand awareness reached 46 % and 72,000 tons wholegrain products were sold in retail alone during 2010. The campaign that still attracts more partners continues to March 2014.

The 6 a day campaign

Restaurangutang: The 6 a day campaign has produced a TV-show about food for children in cooperation with a production company and the Danish Broadcasting Corporation (DR). The program consists of 13 episodes with child-friendly recipes based on the official nutritional guidelines. The program uses entertainment and humour to inspire children to cook and use healthy foods. 6 a day is responsible for the content in relation to nutrition, recipes, hygiene, cooking methods, and security. The premiere of the program is autumn 2011 on the DR-branded children's channel 'Ramasjang'.

Consumer Campaign in retail: 6 a day focuses on the price of vegetables in a campaign autumn 2011. Almost every other Dane thinks that vegetables are too expensive compared to other foods and that the price makes it difficult to eat more vegetables. The main objective of the campaign is to persuade the Danes that vegetables offer a lot of delicious food for at a low cost. The supermarkets will be the primary communication channel.

Canteen take away research project

The Danish Cancer Society has completed a three year research and development project in cooperation with three research partners and ten stakeholders. Canteen take away is a fringe benefit for employees that are offered healthy dinners to bring home and eat with their families. Besides the time saving, the employees benefit from a healthier diet. During the project period, the prevalence of Canteen take away increased from 11-20 % among a representative sample of employees. The project also studied the perception of the fringe benefit, the willingness to pay among employees, and companies' cost benefit when introducing Canteen take away. The project was funded by The Danish Council for Strategic Research.

Physical activity

A major contract was signed in 2008 involving the cancer society in the creation of a large open space around Copenhagen stimulating physical activity. It concerns the old fortification of Copenhagen surrounding and passing through several municipalities around the centre build before year 1900. It is today an underutilized recreational area. The project area passes several municipalities in the greater Copenhagen and the project thus is a vehicle for a comprehensive preventive action using structural changes in the park-like area that stimulates leisure time physical activity. In 2010 a policy paper on improving biking-facilities was passed by 9 municipalities. The project will include bike paths, jogging paths, eventful open areas, and will be combined with school activities on physical activity. The project runs to 2012 and is funded by Realdania, and public authorities.

Nordic Activities

NORDCAN program and database, a joint cancer incidence and mortality database in the Nordic countries, is a NCU supported strategic activity made available by the Association of Nordic Cancer Registries. A web-based version was launched June 2007 with choice of English or national language, with data from the start of the registers and to the newest available data, and with possibility of easy presentation in tables and graphs. In March 2008 prevalence data as well as data from the Faroe Isles were included. In 2009 the software was expanded with a module for forecasting cancer incidence and mortality into the future. The software produce cancer stat fact sheets with the latest key data for each country and cancer type with one simple click and it is updated regularly and now includes data for 2008 and for most countries including 2009. In the fall 2010 1- and 5-year relative survival estimates for patients diagnosed 1999-2003 were included in the cancer fact sheets and from May 2011 a section with on-line analyses of survival for the period 1964-2003 will be added. The cancer fact sheets for Denmark are available at the web-pages of the Danish Cancer Society for the specific cancer types to ensure newest possible updated data. The software is now internationally recognized and used at several universities in Europe and the USA, and will be used for the European cancer incidence and mortality provided by IARC, WHO. Based on NORDCAN data a comprehensive project on time trends in Nordic cancer survival was analyzed. The results were reported in 13 peer reviewed papers and appeared together with a paper on the NORDCAN database and software in *ACTA ONCOLOGICA* in June 2010. These papers will form the basis for regularly updated survival comparisons between the Nordic countries in order to follow the effects of the improvement in cancer care after cancer plans are instituted in almost all Nordic countries. In 2011 an update including survival for patients diagnosed 2004-2008 will be published.

We have assisted the Danish Cancer Registry in the National Board of Health in a benchmark project comparing survival following colorectal, lung, breast, and ovarian cancer 1995-2007 between Canadian, Australian, UK, Swedish, Norwegian, and Danish cancer registries and a first paper from the project was published in The Lancet in December 2010.

To explore the reasons behind the lower Danish rectum cancer survival, population based data from national clinical registries in Norway, Sweden, and Denmark, collected clinical information in Iceland and Finland and enhanced cancer register data from Scotland was published on rectal cancer in 2009. “High resolution” comparisons between Sweden and Denmark for breast cancer have earlier been published showing a worse stage distribution in Denmark and national coverage of breast cancer screening in Sweden as the main factors behind the worse Danish breast cancer survival. Similar studies are under way for colon and prostate cancer and are expected to be published in 2011.

The planned study on predictions of cancer incidence and mortality under different prevention scenarios was postponed due the NCU initiated activity on coast of cancer care carried out by SINTEF. In order to support this project a special prediction of prevalence of cancer was needed. The ANCR team in charge of the incidence prediction project accepted the challenge and changed the work plan accordingly. Prevalence predictions will be available for the estimation of the current and future economical consequences of cancer in the Nordic countries will be based on scientifically sound prevalence predictions done by the ANCR.

Nordic summer school in Cancer Epidemiology

The 10th Nordic summer school in cancer epidemiology for pre-graduate students was successfully completed with the winter course in Finland 2010 for some 25 students. The assessment by the students – of which a few were postgraduate and PhD student were excellent, and the school continues with support from the NCU on the bi-annual schedule with a 2 week theoretical course in August every second year followed by practical hands on research in one of the Nordic epidemiological centers and a winter seminar with presentation of results. The school is unique and a very important contribution in training and attracting young researchers to the cancer field. The summer school for 2011/2012 is being prepared.

The Cancer Society of Finland

Cancerföreningen i Finland

Secretary General
Chairman

Harri Vertio, MD, PhD
Seppo Pyrhönen, professor, Turku

Structure

The Cancer Society of Finland, founded in 1936, is one of Finland's largest public health organisations. It is an umbrella organisation for 17 registered member organisations, with nearly 140 000 members. Twelve of these are regional cancer societies, the remaining five 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 Finland's Slot Machine Association (RAY).

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

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

The income of the Society was 10,8 million euro in 2010, the expenditure appr. the same. The Finnish Cancer Foundation has a separate budget, wherefrom 4 million euro were given to cancer research, most of it as grants.

Highlights of activities 2010

The National Cancer Strategy group gave its report to the Ministry of Social Affairs and Health in February 2010. Another group will be named to cover the other parts of the plan in 2011 (health promotion, screening, rehabilitation, research and training). The Cancer Society is actively following the process.

Two reports on equality in cancer care were produced by the Finnish Cancer Registry. The results of care are equal in the country but health habits cause differences in population. Some changes were made in the Tobacco Act, among them the new goal: to eradicate smoking in Finland.

The public discussion on the radiation of the mobile phones and possible health effects or risks caused by this continues. As the scientific evidence is still scarce, the Cancer Society has been rather conservative in its expressions.

The need for information on cancer grows in the population: there were appr. 700 000 individuals using our internet site www.cancer.fi in 2010, altogether more than one million visits. These needs are to be answered by the society by more capacity and many ways to use the information, discussion groups and links.

The screening of colorectal cancer continued in a research setup, 170/400 communities already taking part. So far the participation rates have been high and the results in mortality will be seen in a few years. The discussion on prostate cancer screening is lively.

The funding mechanisms of the Finnish Cancer Foundation were further developed to a more professional and systematic approach resulting in better income. An example of this was the Pink Ribbon campaign in Finland which collected again more than 750 000 euro in 2010.

The Faroese Cancer Society

Krabbameinsfelagið

Director Jansy Gaardlykke
Chairman of the Board Jakúp N. Olsen

Activities in 2010

The Faroese Cancer Association and its group activities grow forth. More and more patients, relatives and others seek our consulting and therefore this year we have created a new brochure with information about what the association offers. In August, Anna Maria Eysturoy was hired as adviser. She is a nurse specializing in family advising and psychological counselling.

Help Fund, Research and Information

The large amount – DKK five and a half million - which was raised in the large nationwide collection "The Faroe Islands against cancer" in 2009, gives the Association a good opportunity to work with prevention, support patients and to support a determined and necessary research within cancer.

One third of the money was put into the Association's help fund that the association can provide financial support for people suffering from cancer. Another third was earmarked to research and researchers can seek financial support for research on cancer.

The last third is intended for prevention and information.

Various activities throughout the year

"Undurlív" - HPV vaccination

The Association believes it has the greatest importance that so many young women as possible can be vaccinating against HPV-virus to protect against uterine cancer. The project "Undurlív" was launched in September, and five young women have received training and instruction and now organize various activities in schools, on Facebook and elsewhere to encourage girls / women to become vaccinated against HPV. The name "Undurlív" is a mixture of the words uterus, wonder and life. Life is wonderful and a healthy uterus carries a great wonder, because it creates life.

Supporting research

The Cancer Association the last two years donated the Gene Bank DKK 30,000 in support for research on ovarian cancer and DKK 200,000 for breast cancer research. These are projects that doctors at our National Hospital have begun. Faroe Islands are also part of a research project on social costs of cancer, with which Nordic Cancer Union (NCU) is working.

Men and cancer

Far more women than men take advantage of what the Association has to offer (85% women, only 15% men). Therefore the Association has chosen to focus on men and cancer by encouraging the media to address the topic and by organizing lectures. In the fall we organized a briefing for men with prostate cancer and no fewer than 220 men showed up. As the need is so great the Association has created a group for men, who suffer or have suffered from prostate cancer.

Theme day and swim course

Together with Tórshavn swimming club the Association in November organized a seminar on exercise and health. Lecturer was the famous Danish professor Bente Klarlund Pedersen, and the event was very successful with more than 200 participants. And in the fall with the Tórshavn swimming club we started swimming courses for people, who have or have had cancer.

Training of volunteers

Many volunteers do essential work for the association. In June we organized training for all volunteers, where Else Carlstedt, from the Danish Cancer Society, lectured.

Look Good, Feel Better

This year we have had three sessions on skin and facial care and makeup for women, who are undergoing treatment for cancer. A cosmetologist stands for these popular classes, which the Association has offered for several years.

Social worker

Our social worker has had many conversations and consultations with patients and relatives.

Activities of Help Groups

Conversation Groups

The Association is constantly trying to adapt the offers to the needs of patients and relatives. Conversation groups have been arranged for people, who have lost spouses to cancer and groups for relatives, groups for children, whose parents suffer from cancer and also offer talk therapy to families with children where one parent is suffering from cancer. As a new issue the Association last winter were having an event for parents, who have lost adult children to cancer. The response is great and the feedback positive for these events.

Melanoma Group

The Association has in recent years focused on melanoma because of the increase of skin cancer and especially the number of birthmark cancer patients has increased greatly. But now we can see progress. In September, Gallup conducted a survey on behalf of the association, which shows a clear tendency that the Faroese people go less to the solarium than three years ago. In 2007, more than one in five Faroese went to the solarium, while the figure now is about one in seven - a decline from 18% to 13%.

While fewer people lie under the artificial sun, there have been recorded fewer cases of melanoma in the past three years. Should this become a real sunshine story, it is necessary that we continue to report on how we can rationally enjoy the sun and that we should not use a solarium.

The Cancer Plan recommended an age limit for the use of a solarium and our Local Government Health Secretary has said, he was willing to explore this. To prohibit young people under the age of 18 to go to the solarium will not solely make the difference, but it would be a clear signal to young people and their parents. We in the Cancer Society and Melanoma group hope that the ban goes ahead.

Breast Cancer Group "Bót til Bata"

Self Help Group 'Bót til Bata' wants to reach as many women, who have undergone surgery for breast cancer, as possible. Yet another very active year has passed. Together with a women magazine and a running club The Breast Cancer Group arranged a large charity running event. We had made 1100 bracelets, and they were all sold. More than 500 women attended, some men and children also participated in the event. The event raised DKK 25,800 which were handed the Cancer Society. The money will be used for research into breast cancer in Faroese women.

In September the group went to a Congress in Denmark and learned a lot that can be of benefit to other women. The first event will be on Lymphoedema. The Breast Cancer Group also attended local arrangements. It is psychically demanding to work as a volunteer supporting other women suffering from breast cancer. We therefore offer our group members supervision.

Ostomy Group

The Ostomy Group, together with our National hospital's Ostomy outpatient clinic held two well-attended gatherings of people, who have had an ostomy and their relatives.

Parents Group

The parent group this summer organized a successful weekend trip for families with children, who have or have had cancer.

Abdomen Group

Approximately every two months the group gathers women, who have or have had cancer in the abdomen. The aim is to talk with women in the same situation.

The association makes its presence felt

The Association keeps informed on what is happening in the cancer area, and is trying to make its influence felt in all places, where it is necessary, that the circumstances of cancer patients and relatives can continue to be improved.

Companions' fee

The Association has met with the Local Government Health Secretary in connection with the problem that several cancer patients were not allowed to have a travelling companion when they are treated abroad. The Association also points out that it is very unfortunate that children's companions must now pay DKK150 a day for food and lodgings in patient hotels.

Palliative care

The Association has for years pushed for having a palliative team and a palliative department created and we were happy when this was achieved. The association, however, would be happier if the palliative services for terminally ill were better organized within the health service. The association has therefore been to cooperative meetings with the Home Care and the National Hospital to arrive at how services for these patients can be improved.

Cancer Registry

The Association has sustained pressure on hospital authorities to get Faroese cancer registry to work. It was a big step forward, when the Faroese statistical data in 2009 were put into the Nordic cancer database NORDCAN. Now you can find the Faroese data on the Internet and compare with other countries. This provides significantly greater opportunities for research into cancer in the Faroe Islands.

Cancer Plan

For several years the Association has worked to get authorities to launch a cancer plan for the Faroes. The plan was finished in October 2009 and in February 2010 was being debated by the Parliament where the plan was favourably received. To follow up the work and keep an eye on that the Cancer Plan is followed, it is necessary to establish an inter-sectorial working group to advise the Secretary and Ministry of Health. This group is not yet established, but the Association has been informed that it will be established in early 2011. The Association is pushing to get recommendations implemented and in this context also met with Ministry of Health.

Cooperation with the world

The Cancer Association is a member of the Nordic cooperation body NCU (Nordic Cancer Union). The association is also a member of the ECL (European Cancer League), where our President Jákup N. Olsen in October was elected to the Board. In June, ANCR (Association of Nordic Cancer Registers) annual congress on cancer research was held at the Faroes.

Website

The Association's website has a lot of useful information and tips, along with information about much of what is happening in cancer treatment and care. On www.krabbamein.fo under "Tíðindasavnið" you can read about the events that were held in 2010.

Welcome support gives strength

As always, there are many who support the association in various ways. Donations allow the association to maintain the high level of activity. 2010 was no exception. We have already mentioned the running charity for breast cancer. In the autumn a handball club choose to raise money in connection with a game and this gave the Cancer Society no less than DKK 60,000!

Unfortunately we cannot mention everyone who has supported us, but the Association takes this opportunity to say thank you for all the great support.

The Icelandic Cancer Society

Krabbameinsfélagið

Director
Chairperson

Ragnheidur Haraldsdóttir
Sigríður Snaebjörnsdóttir

Structure

The Icelandic Cancer Society (ICS) is celebrating its 60th anniversary this year, marking the event with several activities and festivities. It is a nationwide, voluntary organization in the third sector, with 23 active regional divisions and seven cancer patient self-help groups in the Icelandic capital area; all are full members of the society. The most recent one is a self-help group for people with colorectal cancer, and we are in the process of forming a new group for patients with lung cancer. There are furthermore two patient self-help groups in the capital and 13 groups around the country belonging to regional divisions. Seven of these divisions also have local service centers with a part time employee partly supported by the society. A General Assembly held annually elects members to the steering board that in turn hires a CEO.

A new strategy for ICS was adopted by the General Assembly in May 2010, and forms bases for work in the coming three years. A new organizational chart was introduced, reflecting better the role of the member organizations. Staff policy, policy on equal rights, ethical regulations, personal protection and other aspects of internal regulatory framework was revised.

The Cancer Society runs The Cancer Detection Clinic that is responsible for cervical and breast cancer screening nationwide based on a service contract with the Ministry of Welfare. It also has an agreement with the government and with the Directorate General for Health on running the Icelandic Cancer Registry. A Patient Support Service Center is located at headquarters and provides services for cancer patients and their significant others during and after illness. It supports the activities of the self-help groups and the regional divisions in this regard, and helps run apartments for patients in the capital. An information center is run in conjunction with the regional division for Reykjavik. Cancer research is supported financially by the ICS and also conducted by staff. FTEs are about 36, many work part time. ICS is composed of many different units and divisions with varied responsibilities. Thus it is of major importance to ensure information sharing, and this is done by regular meetings, letters, webpage's and so forth.

Income

The economic situation in Iceland of course influences the ICSs financial health. State funding has been cut repeatedly since the crises, and it has become more difficult to secure financing of our programs. A major source of income is the agreement with the health authorities financing the Cancer Detection Clinic and state fund financing for the Cancer Registry. This income is earmarked for its stipulated purposes, and is now insufficient for running those services as before. All other activities of the ICS are primarily financed by donations, legacies, income from sale of lottery tickets, remembrance cards and logos together with other fundraising activities such as door-to-door collection campaigns and collection from regular supporters.

We combine fundraising campaigns with awareness campaigns with good results, not the least in pink October and for “Men and Cancer”. Our system for regular supporters (well-wishers) has proven to be a good stable source of income, although we need to make it a bit more effective.

Highlights of activities in 2010

By necessity, more emphases have been on advocacy and lobbying, as cut backs in funding have become severe and painful for patients. The Minister of Welfare announced that he will adopt a cancer strategy for Iceland, and the ICS has been involved in the preparatory work.

The ICS is responsible for a variety of functions, but the main emphasis continues to be on the national screening program for cervical cancer and for breast cancer. Screening for colorectal cancer, a project of great interest to the ICS, has not been started yet. However, a film on colorectal cancer produced by the Reykjavik Cancer Society has been aired and will be followed by an information campaign.

The Icelandic Cancer Registry has been run under the auspices of the Society since 1954; although it is formally defined in the legislation as a program of the Directorate General of Health. It is now in the early stages of recording stages of cancer and is working closely with the national hospital on increased access to patient information electronically.

Generating and distributing information about cancer to the public has always been on the agenda. The use of solariums for young people under the age of 18 is now prohibited, and people are strongly warned against too much exposure to sun.

There continues to be a great demand for the eight apartments owned partly by the ICS situated in the same building and located in Reykjavik, and run by the University Hospital. They were purchased by the Society in partnership with the Icelandic Red Cross, the Organization for the Disabled and the Association of Bank Employees. The apartments are available for cancer patients and their families from the countryside when they come to the capital for treatment at the University Hospital, the reasonable rent being covered by their local division or their union.

The patient support service center brings together all our patient support activities and is also an improved base for our cancer patient self-help groups. The patient support center initiates a variety of activities and visits and phone calls.

We at the Icelandic Cancer Society rely on the assistance and support of the people of Iceland, in all of our work. This support has been unwavering and for that we are grateful indeed.

The Norwegian Cancer Society

Kreftforeningen

Secretary General **Anne Lise Ryel**
Chairman of the Board **Paul Hellandsvik**

The Norwegian Cancer Society is a national organization addressing the challenges of cancer. We fund cancer research, support people affected by cancer as well as their families, initiate and support improvements in cancer care, engage in advocacy and place health policy issues on the agenda. Our primary sources of income are collected donations, bequests and gaming pool funds from Norsk Tipping.

We have around 180 employees, more than 130,000 members and regular financial donors, close to 200 volunteers engaged in activities involving cancer patients and their families, as well as thousands of individuals and associations assisting us with fundraising activities each year. The population of Norway, as a point of reference for the above, is 4.9 million.

Our main goals

- Contribute with preventative efforts so that more people can avoid getting cancer.
- Contribute to more people surviving cancer.
- Ensure the best possible quality of life for cancer patients and their loved ones.

Experimental treatments – our main strategic initiative in 2010

In 2010, the theme for our annual campaign 'Krafttak mot kreft' (All-out Effort against Cancer) was experimental treatments. The overarching goal of the campaign was to generate more clinical trials in Norway and thereby secure faster implementation of improved cancer treatments in the country. Funds raised through collection-boxes and the Sounds of Winter concert tour were granted to the clinical trial units at the Norwegian Radium Hospital and Haukeland University Hospitals, the entities in Norway regarded as best equipped to carry out early-phase clinical trials within the field of oncology. This support from the Norwegian Cancer Society helps give more people a last chance of life.

Cancer care

In January 2010 HM King Harald V officially opened the Varde Centre at the Norwegian Radium Hospital. The Centre, which is a meeting place for patients, their families and health professionals where activities and relaxation are offered, has been well received. The Centre was established in cooperation with the Oslo University Hospital, and throughout 2010 the Norwegian Cancer Society negotiated with several hospitals regarding the establishment of similar centres around the country.

Our mastery course 'Livslyst' was a priority in 2010. The course offers strategies to help people affected by cancer and their families master their situation in challenging times. Another important initiative was our meeting place 'Treffpunkt' for children and young people with a loved one suffering or deceased from cancer. During the course of the year we held approximately 1000 meetings, courses and group sessions for people affected by cancer. More than 39,000 people attended these activities. We provided more than 400 lectures and training sessions for university colleges, hospitals and councils.

Our Cancer Helpline answered approximately 10,000 enquiries in 2010. The Helpline team includes social workers and lawyers who give advice on patients' rights, social benefits, insurance and legal aid.

The Norwegian Cancer Society distributed a total of NOK 4.5 million from endowments and ear-marked gifts to 452 cancer patients facing economic difficulties due to their illness and treatment.

Patient associations

Twelve independent associations representing people affected by cancer and their families are associated members of the Norwegian Cancer Society. The associations offer peer support, training and activities and have a combined membership of 30,000. The Norwegian Cancer Society allocates approximately NOK 20 million to the associations' work each year.

At least one third of all cancer cases can be prevented

Our push for tobacco-free school hours for staff and students continued in 2010. We did so by maintaining our efforts to influence the counties to adopt no-smoking policies in schools within their jurisdiction. We also continued our work to secure free fruit and vegetables as well as one hour daily exercise within school hours for all children in primary schools. Around 900 kindergartens use the Norwegian Cancer Society's concept to promote sun sense among children and adults. Another important issue was our demand for an 18 year age limit for solarium use along with mandatory staffing of tanning studios, most of which are currently coin-operated.

In the autumn we carried out a campaign to reduce young people's solarium use by way of a competition for young bloggers with experience of solarium use. The campaign helped us reach young people who are often hard to connect with through traditional media.

Rehabilitation

Sixty-five percent of all cancer patients still live five years after their initial diagnosis. This positive development increases the need for both general and vocational rehabilitation. We favour increased efforts in this field and have requested that the government allocate the resources necessary to follow up on the key points in the National Strategy for Rehabilitation 2008-2011. The Norwegian Cancer Society has previously allocated funds for ten rehabilitation projects across the country for the years 2009-2012.

Research

The Norwegian Cancer Society granted a total of NOK 139.7 million to research in 2010. This is in line with our strategy of allocating approximately half our budget for mission-related activities to research.

Research supported by the Norwegian Cancer Society is assessed according to quality before funds are awarded. The primary focus is on investigator-initiated projects with grants being allocated on a competitive basis. Applications for research grants are evaluated by peer review groups before the research committee makes its final proposal to the Board.

The Norwegian Cancer Society's investments in cancer research are essential in ensuring that Norwegian patients benefit from international cooperation and exchange of knowledge. Increasing the total resources available to cancer research and having the government assume greater responsibility for cancer research are among our priorities.

King Olav V's Cancer Research Prize of NOK 750,000 was established by the Norwegian Cancer Society and is a prestigious annual event. In June 2010, HM King Harald V presented the prize to professor Lars J. Vatten, professor at the Department of Public Health and General Practice at NTNU. Vatten is an epidemiologist working with data from registries and large population surveys. His aim is to identify

cancer risk factors, with a special focus on breast cancer. He looks at conditions in fetal and early life in particular.

International work

In 2010 the Norwegian Cancer Society's international cancer prevention work was carried out through our engagement in tobacco prevention projects in Africa and northwest Russia.

We received funding from the Ministry of Health and Care's Barents Programme to test and adapt the Norwegian tobacco prevention programme 'Free' to schools in Arkhangelsk.

With the support of the Pink Ribbon campaign in Norway, a breast cancer project in Peru will commence in 2011.

Information work

The Norwegian Cancer Society disseminates information through an array of channels. Our website www.kreftforeningen.no is a much used resource, and we have a presence in social media, including on Facebook, Twitter and YouTube. We produce brochures and fact sheets for patients and their families, informational materials for members and a magazine called 'Sammen mot kreft' (Together against Cancer). We have a leading position in the news through articles and editorials.

Advocacy and public relations

We endeavour to be a visible, clear and credible advocate at the national, regional and local level. As a result of our painstaking efforts, somatic health was included in the amendments of the Health Personnel Act and Special Services Act effective from January 2010. Health personnel are now obliged to ensure that children affected by serious illness in the family receive sufficient information and follow-up. Parents suffering from cancer are to be offered assistance to inform their children. Health personnel are to cover the points of information and follow-up in a journal. In the specialist health services, the legal changes mean that officers with a particular responsibility for informing children are to be nominated

In 2010 our political work was principally centred on the government's large health care coordination reform.

Financial key figures

Result for 2010:	NOK 135 million
Income (excluding financial revenue):	NOK 413 million
Income (including financial revenue):	NOK 515 million
Granted to research:	NOK 140 million
Percentage for core activities:	82,3 %
Percentage for research:	48,2 %
Percentage for administration:	1,9 %

Sources of income

Bequests and memorial gifts	37 %
Fundraising campaigns	5 %
Gifts and donations from individuals	23 %
Gaming pool funds (Norsk Tipping)	17 %
Government support	1 %
Support from foundations	5 %
Membership fees	5 %
Corporate support	5 %
Other	2 %

The Swedish Cancer Society

Cancerfonden

Secretary General

Ursula Tengelin

Chairman of the Board

Bengt Holgersson, Ex County Governor

The Swedish Cancer Society is an independent, non-profit, fundraising organisation with a vision that cancer should be curable. The aim is for more people to survive and for fewer people to get cancer. The Swedish Cancer Society focuses on financing cancer research, public opinion and improving knowledge in the field of cancer. It is the single largest financer of Swedish cancer research. The Swedish Cancer Society does not receive any contributions from the government and is entirely dependent on bequests and gifts from private individuals and companies. For more information, www.cancerfonden.se

Vision, strategy and objectives

Swedish Cancer Society's vision is that cancer should be curable. The path towards this vision is measured over time through reduced cancer incidence and increased survival from cancer. This means that all Swedish Cancer Society activities, actions and projects must ultimately contribute to fulfilling the vision. Fundamental to the success is the support in terms of donations from individuals and companies.

Research funding

The goal of the Swedish Cancer Society is to support, organise and coordinate cancer research and stimulate development of new methods of examination, treatment and care of cancer. Researchers at universities and other higher education institutions initiate projects and present applications that are assessed in competition on a national level. Only the best projects are granted funding. Around seventy of Sweden's leading cancer researchers are involved in ranking the research funding applications in order of priority.

The basic principle for the Swedish Cancer Society is to allow all research projects to compete with each other regardless of the type of cancer they refer to. Successful research in one area often leads to results that can be used in other areas as well.

The Swedish Cancer Society distributed SEK 385 million in 2010 to research projects, cancer research positions, grants and other areas. The allocation of project funding was as follows: 62 % to Pre-clinical Research, (significant research of the basic mechanisms of cancer and thus lending a strong bearing on all on all clinical research specialisations); 19 % to Clinical Research, (patient research); 7 % to Epidemiological Research and 4 % to Care Research.

Forming public opinion

The Swedish Cancer Society has conducted organised lobbying activities since 2006. Pressing for improvements in this way is important to contributing to reducing incidence of cancer and increasing cancer survival.

As an independent and knowledge-intensive organisation the Swedish Cancer Society can credibly point out deficiencies, injustices, needs and future threats. It can also highlight possible solutions, international models and make concrete proposals for areas of improvement. A successful example is the work of establishing a national cancer strategy, which after many years of hard work is now under implementation.

Promoting knowledge development

The organisation also possesses thorough knowledge of all cancer aspects. Highly-respected cancer researchers within the academic world have a good relationship with the Swedish Cancer Society. Leading researchers and experts in all specialities required for successful cancer research are represented on the Swedish Cancer Society's Research Commission and Prioritisation Committees.

With all this intelligence capital, the Swedish Cancer Society is a natural hub in the exchange of knowledge that takes place among research, care, decision-making authorities and the general public.

For the general public and anyone interested in or concerned by cancer the website: www.cancerfonden.se is an information source creating opportunities to exchange experiences and gain support using interactive tools.

Fundraising

The Swedish Cancer Society raised a total of SEK 434 million in 2010. The Pink Ribbon campaign, breast cancer, retained its position as the strongest fundraising concept in Sweden. The campaign focusing on to create awareness of the largest cancer diagnose in Sweden, prostate cancer, the Moustache campaign (Mustaschkampen) continues to grow.

Distribution of funds raised:

- Donations 43 %
- Wills and testaments 38 %
- Membership fees 1 %
- Lottery 8 %

Finances

The Swedish Cancer Society's operational income in 2010 was SEK 440 million compared to 440 in previous year. Total funds raised amounted to SEK 434 million.

Operational costs amounted to SEK 533 million. Funds of SEK 432 million were allocated as follows:

- 385 million to the field of research and development
- 47 million to distributing information and forming public opinion
- 69 million for fundraising costs
- 11 million for administrative expenses

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The Cancer Society of Finland

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