On the International Day Against Breast Cancer on 19 October, the Spanish Breast Cancer Federation (FECMA) and the 45 affiliated Associations will endeavour to raise awareness about the fact that breast cancer is the most common form of cancer and the leading cause of death from tumours in women.

We are firmly committed to the patient association movement, and are satisfied that we have played an active role in maintaining the value and importance of early detection programmes for breast cancer. These programmes have been promoted and managed by the Spanish health system, a system that we argue should remain a public, universal, free and quality service, because health is an inalienable pillar of our welfare state.

We have also helped to increase the coverage of these programmes, so that eight out of ten women are screened for breast cancer. A multi-sector approach is necessary to address cancer, as it is a health problem with a social dimension—hence the importance of the work of all health personnel, but also of social workers, physiotherapists and psycho-oncologists.

We have always stated that all the health administrations that manage our National Health System should adopt equality as a strategic principle. Within the scope of the National Health System, there cannot be any limitation, exclusion or discrimination in early detection programmes, diagnoses, therapies, treatments and access to drugs due to the patient living in a particular place.

It would be very useful for all the Autonomous Communities to play a part in the analysis, evaluation and measures to be implemented. And a good starting point would be to update the Methodological Guide for Integrating Equity in Health Strategies, Programmes and Activities document.

We support the contents, objectives and recommendations of the National Health System Cancer Strategy, and will continue to play a part in its review, updating and implementation. This Strategy provides an ideal framework for strategies across the Autonomous Communities.

The main priority and area of concern for the Spanish Breast Cancer Federation (FECMA) is assisting women with metastatic breast cancer, a disease which affects the patient’s personal life, their family and which makes complicated demands upon them. These women, however, are not ready to give up hope and their future. Your cancer and my cancer are our cancer: we must talk about the disease as if it were something normal, without isolating patients.

Statistically, metastasis will affect 30% of women diagnosed with localized breast cancer, on top of the 5-6% of women who already have metastasis when they are diagnosed.

The statistics sound bleak, but worse still is to be told that there is no certainty of a cure for this disease. It would be useful to include a comprehensive care model for metastatic breast cancer in the Spanish NHS Cancer Strategy, and encourage patients to play a role.

We can now develop personalised drugs for the most aggressive tumours, and possibly eradicate, or at least control—which would mean that the treatment works—metastatic breast cancer, thanks to the great strides taken in research, access to innovation, prevention policies, quality of care and the application of immunotherapy. Innovation allows us to be more efficient in health services, in anticipating diagnoses insofar as it is possible, and in improving treatments and therapies. Further progress is needed in precision individualised medicine, because no two patients are alike and not all applicable therapies can be the same. We need more investment in research and innovation. We know that cancer treatments are costly, but you can’t put a fixed price on health. If the cancer won’t stop, then research and innovation must keep up with it.

The Spanish Breast Cancer Federation (FECMA) is of the belief that particular attention should be paid to the growth in the number of women younger than 40 diagnosed with breast cancer. In these cases, the female patient wants to know the consequences of the treatments received; a common concern is the relationship between fertility and breast cancer and how to preserve fertility for people at risk before the natural end of their reproductive life. In these cases, they should be informed about the possibility of preserving their fertile ova before starting any treatment.

We continue to support a National Health Pact, greater and better collaboration between health administrations, the patient association movement, scientific bodies, health professionals and political parties with parliamentary representation to address the challenges of our health system and specifically the prevailing challenges in the field of oncology.

We are concerned about the lack of care for long-term survivors and their families; the rehabilitation needs of cancer patients; and the need for palliative care.

We stress once again the need for homogeneous, structured and updated cancer population registries, with information about actual new cases and deaths, the impact of this disease in our population, the age of the patients diagnosed, cases of metastatic cancer or of women of fertile age diagnosed with cancer.

Today, our challenge is to face cancer head on so that it can be cured. But also, we should use knowledge, research and technology to perhaps think about how to coexist with the disease, but without having a negative impact on the conditions and quality of life of patients. We should think of each patient as a person with their personal, family, social and professional life.

Women living with breast cancer want to wake up every day and look at the stars, smile at our children, maintain our relationships, kiss our grandchildren, live the same dreams, carry out our jobs and have the same dreams as all women in the world.