The Spanish Breast Cancer Federation (Federación Española de Cáncer de Mama, FECMA) and the affiliated Associations celebrate 19th October as the International Day Against Breast Cancer.

From the associative movement of women with breast cancer we are aware of the problems of our public health system, which has prioritised its efforts in the face of the difficulties caused by Covid-19.

However, when we are trying to return to a semblance of normality it is urgent for this normality to be perceived in primary and hospital healthcare. Those in charge of the operative planning of hospitals, primary healthcare centres, and health administrations must prioritise how to make up for the delays which have occurred in diagnostic tests, in face-to-face consultations, in non urgent surgery, and in certain treatments.

The figures of the waiting lists were not good before the pandemic and the data have worsened with the effects of Covid-19. We of the associative movement of women with breast cancer have been afraid to go alone to consultations, tests, and treatments; we have found objective difficulties in virtual communication with the medical team; we have seen delays in patient care; and we have experienced the professional and economic problems caused or aggravated by the healthcare crisis.

We trust that our health system will resume its habitual activities, although we are aware that this will involve further strain on our healthcare professionals, our hospitals, and our health centres. The answer will not be easy to find, but without more staff and a higher budget there is no possible solution. We want to be able to continue to trust our public health system.

As a civic and caring commitment we join the call to comply with the regulations established by our health authorities as long as the Covid-19 pandemic lasts with the aim of protecting the health of our citizens as a whole.

We continue to defend the early detection programmes promoted and managed by the public health system, with free access, continued over time and with the necessary resources. They must be implemented with quality controls by trained personnel and assessed as to results, including participation.

For our Spanish Breast Cancer Federation (FECMA) equity must be a strategic principle of the series of healthcare administrations which organise our National Health System.

There cannot be any discrimination or exclusion of any kind in methods of diagnosis, quality treatments, and access to new therapies and efficient drugs due to the patient living in a particular place. The healthcare services of the National Health System must be homogeneous. A system in which there are differences in public health expenses per inhabitant between the Autonomous Regions is not equitable.

Cancer existed before Covid-19, exists now, and will exist in the future. Covid-19 has highlighted the need to correct shortcomings in our National Health System and has urged the assessment of prevention and research.

We support the development of the Ministry of Health with more personnel and resources and a higher budget. We put our trust in the new General Secretariat of Digital Health, Information, and Innovation of the National Health System, which will undertake the drawing up of a Digital Health Strategy of the National Health System within which the creation of a State Centre for Advanced Therapies will be contemplated.

It is a satisfaction to us to find that that the 2021-2027 Spanish Strategy for Science, Technology, and Innovation includes among its priority sectors the supporting of R+D+i in the field of healthcare and the supporting of the Law on biomedical research to improve the working conditions of health and hospital workers.

We will continue to spread the recommendations of the European Code against Cancer and will watch out for the conclusions of the Commission for the fight against cancer constituted in the European Parliament on 23rd September last.

Health technology must be fully incorporated in primary healthcare, in the policies of the early prevention and detection of diseases, and in the interrelation between health policies and social policies.

We need homogenous updated population registers for cancer to provide data on this disease which is as precise as possible.

We insist on the need for concern about the increase in the number of women younger than 40 diagnosed with breast cancer and for paying attention to cases which stress the relationship between fertility and breast cancer.

We have detected that there are working women with breast cancer who are having problems keeping up with their work or professional responsibilities, which leads to dismissals, voluntary redundancies, or difficulties regarding their professional promotion. Their return to employment represents a moment of reflection on the road to recovery of oncological patients.

The tackling of cancer should have a multi-sector or inter-sector dimension because we are being faced with a health problem which also has a social dimension, which must be addressed by the public administrations.

Our Spanish Breast Cancer Federation (FECMA) is particularly sensitive to the problem of women with metastatic breast cancer. For us this is a concern and a priority because it affects the personal, family, and professional life of the patient and involves complex needs on her part.

We are aware that it will be research and innovation which will make it possible to eradicate metastatic breast cancer or at least control it. Women with breast cancer at this stage will need to feel supported and to show themselves as people who are familiar with the path they must follow. Cancer is a part of their lives and marks some periods of it but does not determine their whole lives.

Patients have a right to palliative care which must be part of their care as a whole. Its objective is to help people with a serious disease to prevent or address the side effects of the disease itself or its treatments and, in short, to provide a better quality of life.

Long-term survivors have needs which highlight the urgency of approaching strategies from both a healthcare and a social perspective. Survival must be considered as a specific field for intervention.

In the case of women who survive breast cancer for a long period, the objective of our Federation is to achieve through appropriate healthcare policies the best possible quality of life and to allow them to recover the various aspects of their social, family, and professional life in a manner as complete and as normal as possible.

Today, on International Breast Cancer Day, we feel the need to call for the assessment of the associative movement of women as a social agent, the active collaboration of which may help to overcome the current social, sanitary, educational, and economic crisis with ideas, activities, and commitment.