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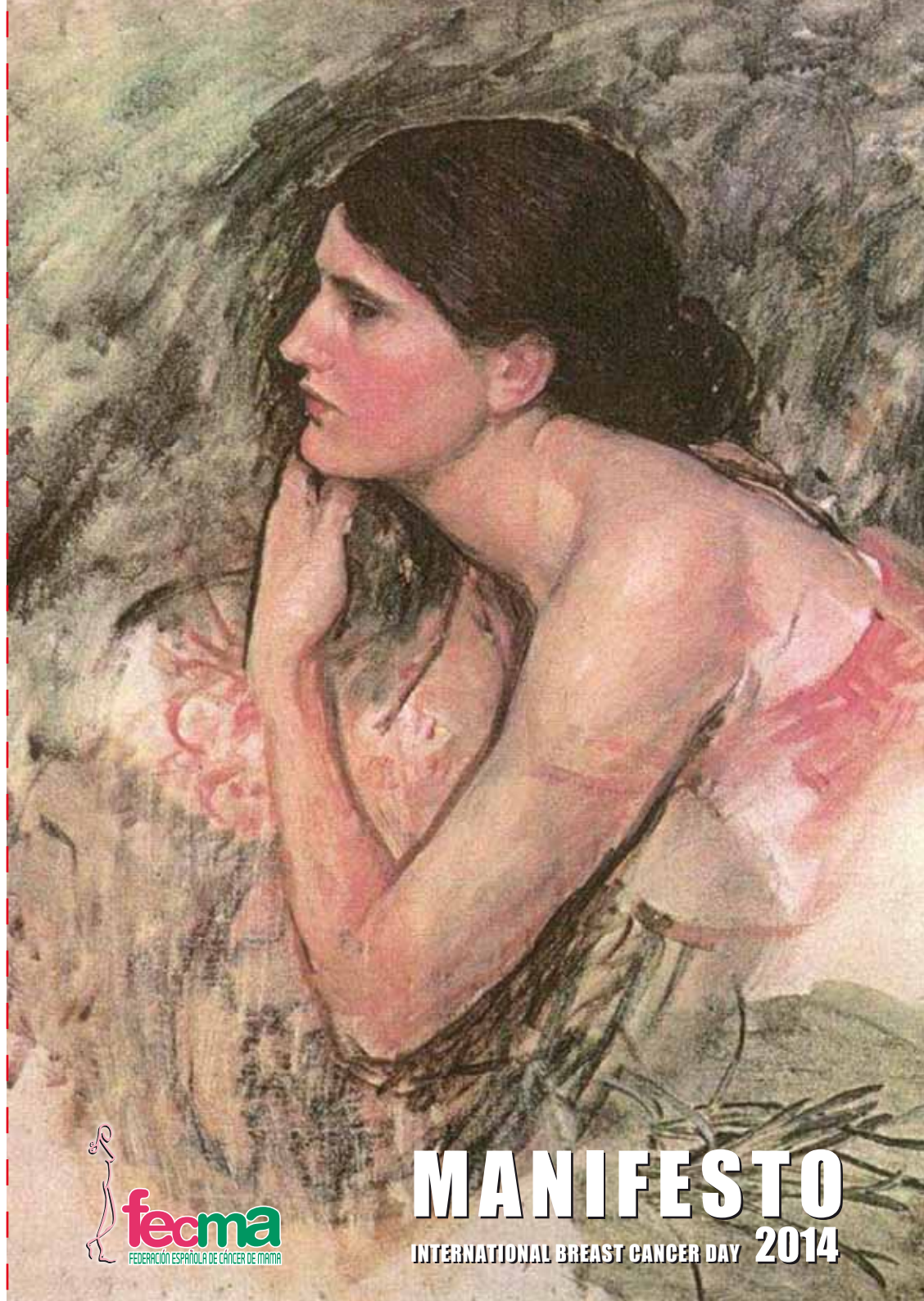
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MANIFESTO
INTERNATIONAL BREAST CANCER DAY 2014

MANIFESTO 2014

INTERNATIONAL BREAST CANCER DAY



Our Spanish Breast Cancer Federation (FECMA) and its 40 federated associations link October 19 to the International Breast Cancer Day.

We defend, once again, screening programs which are promoted and managed by the public health system, with free access and on a continuing basis, provided with the necessary resources, developed with quality controls and by trained staff, and with evaluated results which include participation rates.

Our goal is to educate women and promote their participation in early detection campaigns, encouraging them to follow healthy lifestyles.

Scientists insist in the value of mammograms and the importance of early detection in breast cancer.

Nowadays it is essential not to waste time and energy criticizing current early diagnostic tools, but to invest in research and innovation in order to achieve the most reliable diagnostic methods, develop less aggressive, more innovative and effective therapies and drugs, and advance in the mitigation of the adverse effects of the disease, thus ensuring quality care for all women with breast cancer.

We are aware of the socio-economic cost of breast cancer. However, highest rates of survival are obtained by applying innovation and new knowledge. Innovation and clinical research will let us advance in the field of individualized treatment in oncology. Nothing can justify delays in access to innovation by patients.

We state our concern about some of the consequences of the recent legal reforms currently in place.

We defend a public, universal and free Spanish health system, financially supported by progressive taxes and solidarity, as an active instrument of social cohesion and equality.

We are in favor of a State Pact for the defense, sustainability, cohesion, present and future adequacy and quality of the National Health System, with the commitment of the Health Authorities and stakeholders, including patients.

There are a growing number of young women with breast cancer who want to know the consequences of treatments received. Therefore, the preservation of fertility appears as an important factor when addressing the cancer patient.

All tumors are aggressive and have consequences on the family, work and professional environment. Cancer is defeated in a significant number of cases, but has side effects and is also a disease linked to a word we women dread: metastasis. In young patients the problem of fertility is an added concern.

Assistance should be characterized by personal attention, since there are no such things as standard patients or treatments, and multidisciplinary teams of professionals should act; a homogeneous personalized and multidisciplinary care should exist regardless of where the patient lives.

In Spain there are inequalities among regions, provinces and even hospitals. We cannot accept differences in access to services, benefits, and certain therapies or innovative drugs.

The National Health System, managed by different administrations, is unique and demands loyalty and rigorous co-responsibility of all health administrations.

It is not a question of unattainable egalitarianisms, but we do demand that the NHS ensures a unique and common Services Portfolio, regardless of the administration management, as an element of fairness and justice. The holder of the right to health is not the territory, but patients and users.

Life and health are not impersonal budget items. The quality of diagnosis, therapies and treatments are not accounting data. Health has a value, but can never have a price.

We keep insisting on our right to a second opinion; to objective, accurate, complete, comprehensive and specific information; to patient safety as an expression of quality; to the recognition of a holistic view of the patient; to attention to labor problems, psycho-social assistance and efficient management of waiting lists; to physical rehabilitation and palliative care for patients in advanced stages of the illness, and to risk assessment of women susceptible to hereditary cancer syndrome.

We reiterate the need for homogeneous and updated population records of cancer which allow us to know the reality of new cases and deaths, the age of people diagnosed, metastatic cancer cases and the number of women of childbearing age diagnosed with cancer.

Current records barely include 15% of the population.

We have been left with some scars on our bodies that remind us that one day we underwent surgery, but we have not been devoid of our ability to think nor our sensitivity to love and to suffer; we retain the ability to discover horizons we can be eager to explore. We sort out difficulties, avoid loneliness, force fears out, boost dreams and do not want to live with pessimism.

We aim to add years to life, but especially to give life to years.