

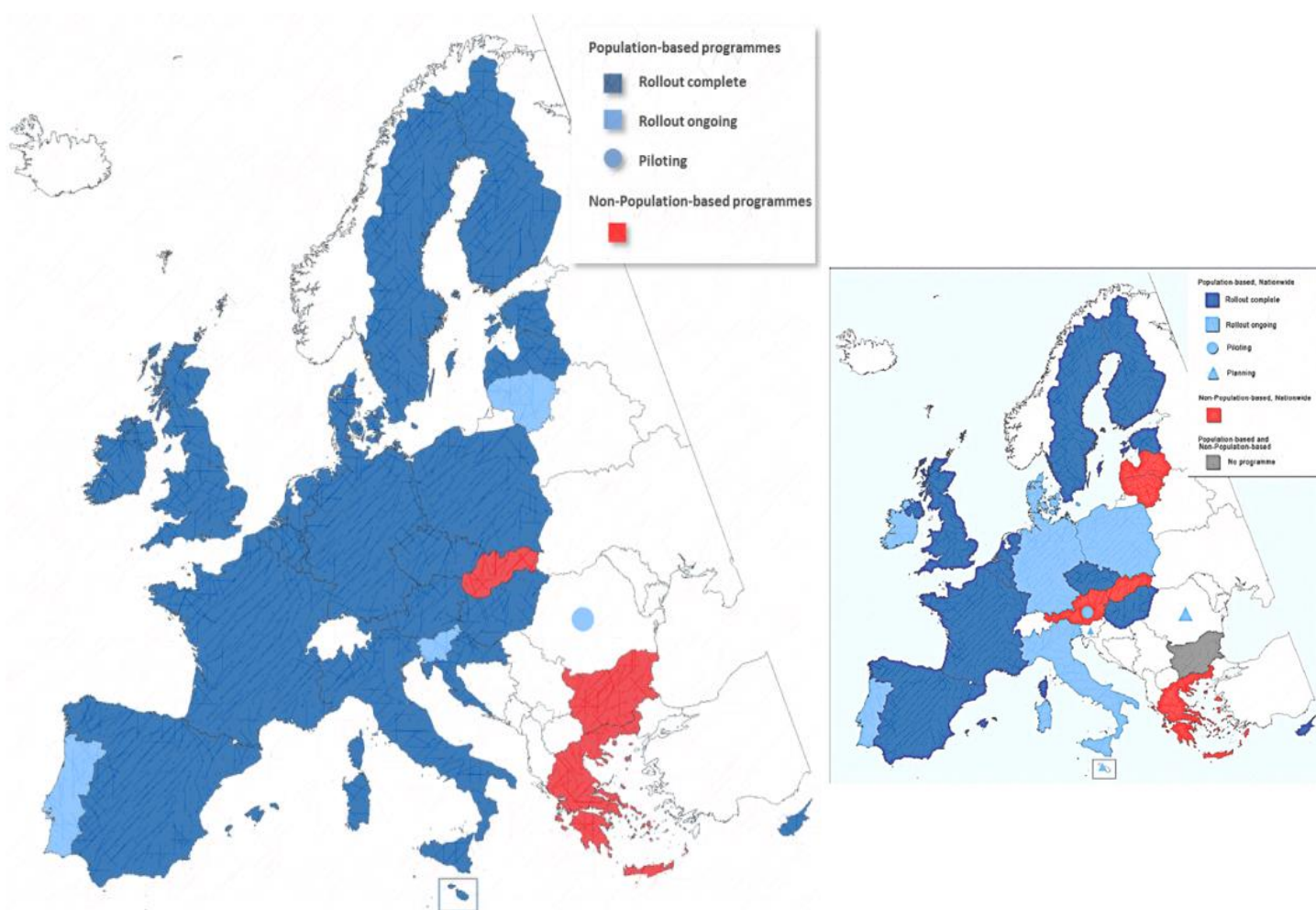
MEPs against Cancer (MAC)



Cancer Screening in the EU

Seminar Report

June 2017



Distribution of breast cancer screening programmes in the EU in 2016 (left hand figure); and status during 1st implementation report (right-hand figure).



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Table of Contents

Summary.....	3
Background.....	5
Presentations.....	7
Conclusions.....	12
Annexes	13
Annex 1: List of registered participants.....	13
Annex 2: Agenda.....	14
Annex 3: Speakers’ biographies	15
Annex 4: Additional links	17



Summary

In February 2017, the second implementation report on the 2003 Council Recommendation on cancer screening in the EU (EUSR) was published by the European Commission. The EUSR, coordinated by IARC and involving more than 100 leading experts in the field from across Europe, found that the number of national screening programmes for breast, cervical and colorectal cancer have substantially increased over the past decade. As of 2016:

- 25 EU member states are planning or organising population-based breast cancer screening programmes (18 in 2007), covering nearly 95% of women in the principal target age group;
- 22 are planning or organising EU member states have population-based cervical cancer (17 in 2007) covering 72% of women in the target age group; and
- 23 are planning or organising EU member states have population-based colorectal cancer screening (12 in 2007) covering 110 million men and women in the target age range.

To discuss the progress made in recent years in delivering organised cancer screening programmes in the EU, the MEPs against Cancer group (MAC) hosted a seminar at the European Parliament on 1 June 2017.

Co-chaired by Pavel Poc MEP and Deirdre Clune MEP, the co-authors of the EUSR presented during the seminar on the methods used in the report and the main results found at the country level, the implications of the report's findings for implementing cancer screening programmes in Europe, and discussed the future of cancer screening reflecting on the findings of the cancer screening report and the recent cancer control joint action (CanCon).

The discussions during the seminar noted that the EUSR comes a decade after the first report, and is only the second such report since the Council Recommendation of 2003. Consequently, a concrete action that can be taken at the European level to support cancer prevention and early detection is to **make the EUSR process a routine quality assured activity.**

The comprehensive survey designed specifically for the EUSR could be disseminated annually to existing national and regional contact points, which would gather data to help organisers and funders of cancer

screening programmes understand how programmes are performing, and facilitate quality improvement.

The regular dissemination of the EUSR survey would involve improvements and adaptations to the methodology, including the interaction between primary and secondary prevention, and screen and non-screen detected cancers, which would allow for an integrated approach to cancer control and that of other NCDs.

The risk is that this report is left 'on the shelf', and that a decade will pass once again before a third edition of is produced. At present, a small window of opportunity exists to capitalise on this process by maintaining the list of contact points established for the EUSR. Therefore, a quick response to maintain, modify, and update the contacts and develop the methodology of the EUSR will support the overall cost-effectiveness of this action.



Background

In 2003, EU Health Ministers adopted a Council Recommendation on cancer screening. The Recommendation identified the key principles required for the planning, implementation, and evaluation of quality cancer screening programmes, and invited all member states to organise population-based cancer screening programmes for breast, cervical, and colorectal cancers; a strategic approach which is supported by the **European Code Against Cancer**.

The first implementation report was published in 2008. It stated that whilst important progress had been made since 2003, less than one-half of the current volume of examinations (~41%) were being performed in population-based programmes as required by the Council Recommendation.

A second implementation report followed in February 2017. This report demonstrated the considerable improvements that are taking place across the EU, most notably the rapid implementation of organised colorectal cancer screening, for which 23 member states are already implementing or planning to introduce population-based screening programmes.

Despite the impressive achievements of the past decades, greater efforts are required to enhance the implementation of organised cancer

screening in the EU, taking account of the rapid scientific and technological change underway in screening and early detection of cancer.

To discuss these challenges in the context of the EUSR findings and implications for organised cancer screening programmes, a seminar of the MEPs against Cancer (MAC) interest group was convened on Thursday 1 June 2017 at the European Parliament, Brussels.

Hosted by vice-chair of MAC, Pavel Poc MEP, and co-chaired by Deirdre Clune MEP, the seminar heard four interventions from several of the co-authors of the EUSR: Dr Antonio Ponti and Dr Nereo Segnan, CPO Piemonte; Dr Ahti Anttila, Finnish Cancer Registry; Dr Partha Basu, International Agency for Research on Cancer (IARC).

The aims of the seminar were to:

- To promote the second implementation report on the European Council Recommendation of 2003 on cancer screening in the European Union;
- To highlight the status of breast, cervical and colorectal cancer screening programmes in Europe, as outlined in the report;



- To discuss the key recommendations from the report and the implications for the future of organised cancer screening programmes;
- To inform MEPs about critical issues related to implementing cancer screening programmes, and to receive feedback on these issues from MEPs and stakeholders.

About MAC

The **MEPs Against Cancer** (MAC) group is an informal group of Members of the European Parliament committed to supporting cancer control actions. MAC works together to improve cancer prevention and control in Europe in the belief that European cooperation adds value to national activities. MAC works together with the European Institutions to collaborate with relevant organisations to reduce cancer incidence by 15% by the year 2020.

In the 2014 to 2019 legislature the strategic goal of the MEPs Against Cancer (MAC) group is to reduce cancer incidence by:

- promoting prevention,
- reducing mortality by ensuring equitable access to high quality treatment and care, and
- ensuring a good quality of life for cancer patients and survivors.

For more information on MAC, please consult the [strategic roadmap 2014-2019](#).

Presentations

Dierdre Clune MEP (EPP) chaired the first session of the seminar, focusing on the methodology, main conclusions and critical implications of the EUSR.

Ms Clune noted that the issue of quality assured cancer screening programmes has been a high priority issue for cancer control at the European level for many years. The guidance set out in the 2003 Council Recommendation on cancer screening was instrumental in ensuring the majority of the target age groups for cancer screening have access to quality assured screening for breast cervical and colorectal cancers. It is, therefore, vital that member states and relevant stakeholders are kept aware of the implementation and impact of the Recommendation.

- **Methodology and main results of EU Member States survey**
Dr Antonio Ponti, Centre for Oncology Prevention (CPO) Piemonte, Italy

Dr Ponti's presentation focused on the methodology and main results of the second implementation report. To create this report, data were collected in all EU member states through site specific questionnaires for cervical, breast and colorectal cancer. Apart from Bulgaria and Greece, all countries submitted all required data. The index year for most of the aggregated data in the report is 2013.

Overall, the situation has improved across the EU for all three cancer screening

programmes. Dr Ponti demonstrated that the majority of countries (N=25) now have in place a population based breast cancer screening programme. Just Slovakia, Greece and Bulgaria remain to implement the programme.

The situation is less substantial for cervical cancer screening but progress is being made. As of 2016, there are no programmes in Cyprus and Bulgaria, and non-population based programmes in Austria, Greece, Luxembourg, and Spain. Screening for colorectal cancer has made giant strides in recent years, as 23 countries either have or are in the process of developing organised screening programmes.

According to data from 22 EU member states, the participation of invited women, aged between age 50 and 69, for breast cancer screening was 60.2% (range 6.2 – 83.5). The highest rate was that of Denmark with an 83.5% participation rate. Information received from 19 of the countries having population-based cervical cancer screening programmes shows that 59.2% (range 7.3 – 100.0) of the annual target women aged 30-59 years (the minimum age group targeted in the EU) were invited for screening and 53.2% (range 23.9 – 86.7) were tested in the index years. The lowest attendance was reported in Croatia (10.31%) and the highest in Finland (67.41%).

The estimated coverage by invitation and by examination of the EU population aged 50 to

74 years for colorectal cancer screening were 32.6% (range 1.4 – 112.1) and 14.0% (range 0.5 - 64.6) respectively. However, many of the member states that currently have or are planning colorectal screening programmes were at very early stages with their programmes during the index year. Therefore, the quality indicators are inevitably not as substantial yet as with other cancer screening programmes.

Dr Ponti continued with showing the data for participants who were invited for further assessment and detection rate of different stages of cancer. It is important, however, to interpret this data in the context of participation. In Belgium, for example, we could observe high number of invitations for further assessment and high detection rate, not because cancer would be more prevalent in Belgium, but because people who participated in screening were the ones that had a suspicion of having cancer.

Dr Ponti concluded that the participation rates showed to be in all three cases below the acceptable and desirable threshold and that it is needed to implement population based screening throughout the EU.

Comments

- Dr Marta Manczuk (Polish League against Cancer) pointed to the fact that invitations for women to attend population-based breast cancer screening were active between 2006-2015, but sadly ceased in 2016. The national government had not seen the need to renew the

programme. Dr Ponti replied that was an unfortunate decision, and stressed the need to follow up this issue with national representatives.

- Dr Ahti Anttila from the Finnish Cancer Registry, and Prof. Stephen Halloran and Jolanta Gore-Booth of EuropeColon shared a view that experts and policymakers need to further network and that screening programmes should be supported at all levels.
- Karin Kadenbach MEP asked whether it was possible to see the reported data from a socio-economical point of view. Dr Ponti replied that stratification of data was not in place but that people from all layers of society were invited. Dr Anttila further added financial resources varied extremely between member states, and that performance indicators could be explained by these inequalities.

- **Critical perspectives and implications for cancer screening implementation**
Dr Nereo Segnan, Centre for Epidemiology and Prevention in Oncology, CPO Piemonte, Italy WHO Collaborative Centre for Cancer Early Diagnosis and Screening

Dr Nereo Segnan concentrated on the significance of the screening report, and provided 13 recommendations from the

EUSR to maintain and improve organised screening programmes:

- | | |
|---|--|
| <ul style="list-style-type: none"> (i) update the status report on cancer screening in the EU at regular, periodic intervals (1-3 years) according to the data collections of the screening programmes; (ii) link the data collection on cancer screening activities with the European Health Interview Survey (EUROSTAT-EHIS) and national surveys to obtain more precise information on attendance and intervals in spontaneous and organised screening settings; (iii) ensure consistency and enhanced quality of the data collected for the screening reports; (iv) minimum acceptable reference standards should be developed and adopted; (v) put in place a mechanism to initiate quality improvement projects and possible modifications to the programme organization and protocols; (vi) enhance the comparability of data collected from various programmes; (vii) distinguish the intensity of treatment for patients with early stages of screen detected invasive cancers and advanced disease; (viii) updating the 2003 EU Council recommendations should be strongly considered; | <ul style="list-style-type: none"> (ix) strengthen population based cancer registries – future reports should reflect detection modes and stage distribution of cancers; (x) integrate primary and secondary preventive strategies to maximise the reduction in cancer burden; (xi) further investigate resources in healthcare, affordability, and corresponding prioritization of treatment; (xii) enhance networking, training, capacity building and research collaboration; (xiii) improve governance and legal frameworks in the EU member states to implement the above recommendations. |
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Comments

- Ms Gore-Booth emphasised the importance of the powerful data on the estimates of cancer preventability. This information should be better communicated and acted upon at national and EU levels.
- Prof. Halloran argued that it would be logical to collect the data for the EUSR in the member states on an annual basis, not only for more detailed analysis but also that institutions would not need to look at the data retrospectively. Dr Ponti agreed and replied that this could work



since many countries already collect data on annual basis.

Panel Discussion

Seminar host and vice-chair of the MEPs against Cancer group, Pavel Poc MEP, introduced the panel discussion, which featured two interventions from the EUSR co-authors, before opening to participants. The discussion focused on future challenges, at national and international levels, for organised cancer screening programmes, reflecting on the findings and implications from the EUSR:

- **Future trends and challenges for cancer screening**
Ahti Anttila, Finnish Cancer Registry

Dr Anttila presented the Joint Action on Cancer Control (CanCon), and the specific work package on cancer screening targeting the implementation of population based screening in EU member states. CanCon found that good governance was a prerequisite for a successful screening programme, and that there is a strong need for the ministries to promote participation in the programmes. National experts need to be involved in the decision-making process and ideas need to be shared across Europe.

Dr Anttila saw some space for improvement for the future of cancer screening, especially when it comes to appropriate governance structures at both the national and the EU levels. Effective cancer screening requires

- (i) a competent, multidisciplinary governance structure;

- (ii) a well-implemented legal framework; and
- (iii) resources for quality assurance around 10–20% of total expenditure.

Finally, further attention must be paid to the exchange of expertise and investments for research.

- **CanScreen-EU: A Novel Dissemination Method**
Dr Partha Basu, International Agency for Research (IARC)

Dr Basu recapped both reports on the implementation of the Council Recommendation on cancer screening (published in 2008 and 2017), stressing the need for the periodic update and dissemination of data related to the EUSR, as well as ensuring quality and consistency of the data. He urged that reference standards need to be developed and implemented as a priority. Dr Basu also presented the IARC-led programme CanScreen5, which aims to collect and compare quality data across 5 continents to support health information systems and improve the quality of cancer screening.

Comments

- Ms. Gore-Booth named two core problems of screening in the EU. First, there is a lack of interest of national governments to implement screening programmes, and second, there is an increase in cancer incidence in young population and cancer screening programmes target

older generations, usually around 60 years of age. Therefore, we are lacking data on prevalence amongst younger generation. Dr Anttila agreed that many EU member states lack sufficient resources and some may under-estimate the importance of cancer screening,

but as Dr Segnan stressed, most governments are clearly interested in organised cancer screening. A major challenge therefore is to motivate and support the target population to make an informed choice about their possible participation in cancer screening programmes.



Conclusions

Mr Pavel Poc MEP concluded the meeting with following remarks from the perspective of the European Parliament:

1. An improvement in the quality indicators for cancer screening can be achieved by intensive networking and collaboration with stakeholders. Mr Poc provided an example from the Czech Republic where organised screening was not widely implemented until recent years, since which time the Czech Republic has some of the best performing screening programmes in Europe;
2. The European Commission should not be harshly criticised for the variation across Europe: we must appreciate the limits imposed by the EU treaties, and the MS competence in healthcare needs to be respected;
3. Mr Poc expressed his enthusiasm over the great progress being made in colorectal cancer screening. He will soon discuss

this and other digestive cancers with Commissioner Andriukaitis.

The final remarks from the audience and guest presenters at the seminar acknowledged that the current EUSR is only the second report since the recommendation of 2003, and was published a decade after the first report, during which time huge changes in cancer screening programmes and the evidence supporting them have taken place. Consequently, a concrete action that can be taken at the European level to enhance cancer prevention and early detection for the population is to make the EUSR a routine quality assured activity. The regular update of the EUSR would help improve the quality of cancer screening programmes, and quality of outcomes for the population.

The risk is that this report is left 'on the shelf', and that a decade will pass once again before a third edition of is produced. At present, a small window of opportunity exists to capitalise on this process by maintaining the list of contact points established for the EUSR. Therefore, a quick response to maintain, modify, and update the contacts and develop the methodology of the EUSR will support the overall cost-effectiveness of this action.

Annexes

Annex 1: List of registered participants

Surname	First Name	Organisation
ANTIILA	Ahti	Finnish Cancer Registry
BASU	Partha	IARC
BLEYEN	Luc	CKO (Centre for Cancer detection)
CHRYSOSTOMOU	Myrofora	Cyprus Association of Cancer Patients and Friends
CLUNE	Deirdre	MEP
DOMINGO	Alberto	European Cancer Patient Coalition (ECPC)
FARIA	Jose	MEP
FAURE	Marine	European Respiratory Society (ERS)
FLORINDI	Francesco	European Cancer Patient Coalition (ECPC)
GOOSSENS	Mathijs	CvKO
GORE-BOOTH	Jolanta	EuropaColon
GRAPINI	Maria	MEP
HAGSUND	Hanna Freja	European Regional & Local Health Authorities
HALLORAN	Stephen	EuropaColon
KADENBACH	Karin	MEP
KARLIN	Blaz	MEP assistant to Mr PETERLE MEP
KEMP	Max	ECL
MACHALSKA	Magdalena	COCIR
MANCZUK	Marta	Maria Sklodowska-Curie Memorial Cancer Centre
MARTENS	Patrick	Centrum voor Kankeropsporing vzw
MONTANTE	Sabrina	Italian National Institute of Public Health
NOVOTNY	Josef	MEP assistant to MR POC MEP
PATRICIELLO	Aldo	MEP
PICCINELLI	Cristiano	CPO Piemonte
POC	Pavel	MEP
PONTI	Antonio	CPO Piemonte
PRICE	Richard	European Cancer Organisation (ECCO)
PROKUPKOVA	Anna	ECL
RITCHIE	David	ECL
SARVINOVA	Alexandra	MEP assistant to Ms ŽITŇANSKÁ MEP
SEGNAN	Nereo	CPO Piemonte
TENGLEROVA	Jana	UEG
VAN EECKHOUDT	Reinhilde	Agentschap Zorg en Gezondheid (VAZG)
WARD	Brian	European Respiratory Society
ZUPAN	Jerica	European Commission





Annex 2: Agenda

**MEPs Against Cancer Seminar:
Cancer Screening in the EU**
1 June 2017 – 09.00-11.00
Room A1E-3, European Parliament, Brussels
Hosted by MEP Pavel POC – Vice-Chair, MEPs Against Cancer

08.30	Registration
09.00	Welcome and introductory comments by MEP <i>Dierdre Clune MEP, member of MEPs Against Cancer (MAC)</i>
09.10	Cancer Screening in the EU (2017): presentations on the report on the implementation of the Council Recommendation on cancer screening 1. Methodology and main results of EU member states survey <i>Antonio Ponti, CPO Piemonte & WHO Collaborating Centre for Cancer Prevention, Screening, and Early Detection</i>
09.30	Questions and reflections from MEPs and guests
09.45	2. Critical perspectives and implications for cancer screening implementation <i>Nereo Segnan, CPO Piemonte & WHO Collaborating Centre for Cancer Prevention, Screening, and Early Detection</i>
10.05	Questions and reflections from MEPs and guests
10.20	Future trends and challenges for cancer screening: expert-led open discussion reflecting the findings of the cancer screening report and the cancer control joint action (CanCon) <ul style="list-style-type: none"> • <i>Ahti Anttila, Mass Screening Registry/ Finnish Cancer Registry & WP9 Cancon joint action</i> • <i>Partha Basu, Medical Officer, Early Detection and Prevention Section /Screening Group, International Agency for Research on Cancer (IARC)</i>
10.55	Concluding remarks and perspectives from host MEP
11.00	End

Annex 3: Speakers' biographies

	<p>Dr Antonio PONTI</p> <p>Dr Ponti is an MD, specialised in Industrial Medicine and in Hygiene, at the University of Turin (Italy), with a Master degree in Public Health and Epidemiology at the University of Washington, Seattle (USA). Since the early nineties he has been responsible for the organisation and evaluation of breast cancer screening programmes. Dr Ponti has served two terms in the European Society of Breast Cancer Specialists (EUSOMA) executive board and is currently Director of the EUSOMA Data Centre. Dr Ponti was the PI of the second implementation report on cancer screening in the European Union.</p>
	<p>Dr Nereo SEGNAN</p> <p>Nereo Segnan obtained his degree in Medicine from the University of Turin and a Master in Epidemiology from the Harvard School of Public Health. He is member of national and international boards on cancer prevention and of several faculties in the fields of oncology, epidemiology, and public health. He is editor and/or co-author of the European Commission's Quality Assurance Guidelines on Cancer Screenings. He is coordinator of the Piedmont Region Cancer Screening Programmes.</p>

	<p>Dr Ahti ANTILA</p> <p>Ahti Anttila is Research Director of the Mass Screening Registry of the Finnish Cancer Registry. Principal investigator in the evaluation of the Finnish cervical and breast cancer screening programs at the Mass Screening Registry. Other research areas involve environmental and occupational risks on cancer. An editor of the European guidelines for quality assurance in cervical cancer screening and prevention. Project co-leader in developing the European Schools of Screening Management. Expert in many European projects on cancer screening and evaluation.</p>
	<p>Dr Partha BASU</p> <p>Dr Basu is a medical doctor specialised in gynaecological oncology, and prevention and early detection of cancer.</p> <p>Dr Basu is currently a Medical Officer within the screening group at IARC in Lyon, France. He was the corresponding author of the EUSR.</p>

Annex 4: Additional links

Please find below some helpful links to organisations and initiatives discussed during the seminar:

-  Association of European Cancer Leagues (ECL) – www.europeancancerleagues.org
-  Cancer Control Joint Action (CanCon) – <https://cancercontrol.eu>
-  Cancer Screening in the EU (2017) Report – [HERE](#)
-  CPO Piemonte – <https://www.cpo.it/en/home/>
-  European Code Against Cancer – <http://cancer-code-europe.iarc.fr>
-  European Commission actions on cancer – [HERE](#)
-  Finnish Cancer Registry – <http://www.cancer.fi/syoparekisteri/en/>
-  IARC – <https://www.iarc.fr/>