



# ROLE OF EUROPEAN CANCER LEAGUES IN PROMOTING AWARENESS OF EARLY DETECTION

FOCUS ON ORGANISED CANCER SCREENING IN EUROPE

DAVID RITCHIE, ASSOCIATION OF EUROPEAN CANCER LEAGUES (ECL)

# DECLARATION OF INTEREST

- ECL receives an Operating Grant from the European Commission under the Third EU Health Programme 2014-2020:
    - FPA 2014 (664682)
    - FPA 2017 (785273)
- Co-funded by  
the Health Programme  
of the European Union
- ECL is supported by L'Oréal Garnier through an unrestricted educational grant.

# ABOUT ECL



- Founded in 1980
- 26 members in 23 countries in WHO Europe region
- + 3 members joining in 2019
  - AECC (ES), CRUK, O FONDOS (LV)
- Mission: “Europe free of cancer”

# ECL STRATEGY 2019-2021

## ■ 6 Goals

1. Influence **Cancer Control** Policies
2. Promote Cancer **Prevention**
3. Enhance Access to Cancer **Screening** and Early Diagnosis
4. Ensure Equal **Access** to High Value Cancer Treatments for all Cancer Patients in Europe
5. Develop Actions Supporting Cancer **Patients**, Survivors and Caregivers
6. Grow Membership and Increase **Impact** of ECL in Europe

**STRATEGY**  
2019-2021

# OVERVIEW OF ACTIVITIES





EUROPEAN CODE AGAINST CANCER





EUROPEAN CODE AGAINST CANCER WORKSHOP, BELFAST & DUBLIN, 2019





# BEATING CANCER: MISSION POSSIBLE

TOWARD EFFECTIVE CANCER CONTROL IN EUROPE  
MEPs Against Cancer Manifesto

MEPs AGAINST CANCER (MAC) EUROPEAN 2019 ELECTIONS MANIFESTO



# BEATING CANCER: MISSION POSSIBLE

TOWARDS EFFECTIVE CANCER  
CONTROL IN EUROPE

## I. PREVENTION AS A KEY TO SUSTAINABLE CANCER CONTROL

Up to 50% of cancer deaths in Europe could be prevented if current knowledge about cancer prevention was put into practice.



Address the determinants of health at the individual and community level by influencing demand, access and affordability of tobacco, alcohol and foods and drinks high in saturated fats, trans fats, salt and sugar;



Promote access to quality assured cancer screening and early detection services, supporting Member States in the implementation of cancer screening guidelines and working with the WHO towards the elimination of cervical cancer;



Take action to reduce harmful occupational and environmental exposures, concentrating on reduction of carcinogens and mutagens, and addressing impacts of air quality and climate change.

## II. BEATING CANCER WITH HIGH QUALITY TREATMENTS

New diagnostic tools and treatments such as biological antibody medicines, enabled that many cancer cases today can be diagnosed earlier, treated more effectively or even cured altogether. However, in Europe, there are substantial differences in access to new cancer treatments and their added value to the patient has often been uncertain.



Ensuring equal access to high quality treatments set at fair prices which are both sustainable and profitable enough to steer innovation;



Boosting international cooperation in cancer research, including increased public investments in areas of high unmet medical need and support for open science;



Increasing demand for high standards of evidence before and after treatment approvals, focusing on improved quality of life of cancer patients.

## III. IMPROVING CARE AND INVOLVING PATIENTS IN HEALTH POLICY DECISIONS

There are around 10 million people with a history of cancer in Europe. Given this large (and growing) number of cancer patients and survivors, focusing on their quality-of-life is fundamental. Moreover, patient voice shall be appropriately represented in the decision-making process related to national and European health policies.



Support legislation protecting for cancer patients, survivors and caregivers, particularly in access to financial services and at in their employment.



Calling for integration for rehabilitation, psychosocial and palliative care in European healthcare services;



Making patient voice heard in European and national decision-making.

**MEPs Against Cancer**  
2019 European Elections Manifesto

# ECL First Screening Workshop

Hosted by the Romanian Cancer Society and national partners

## Promoting and embedding the European Code Against Cancer within Screening Programmes:

current status and future perspectives

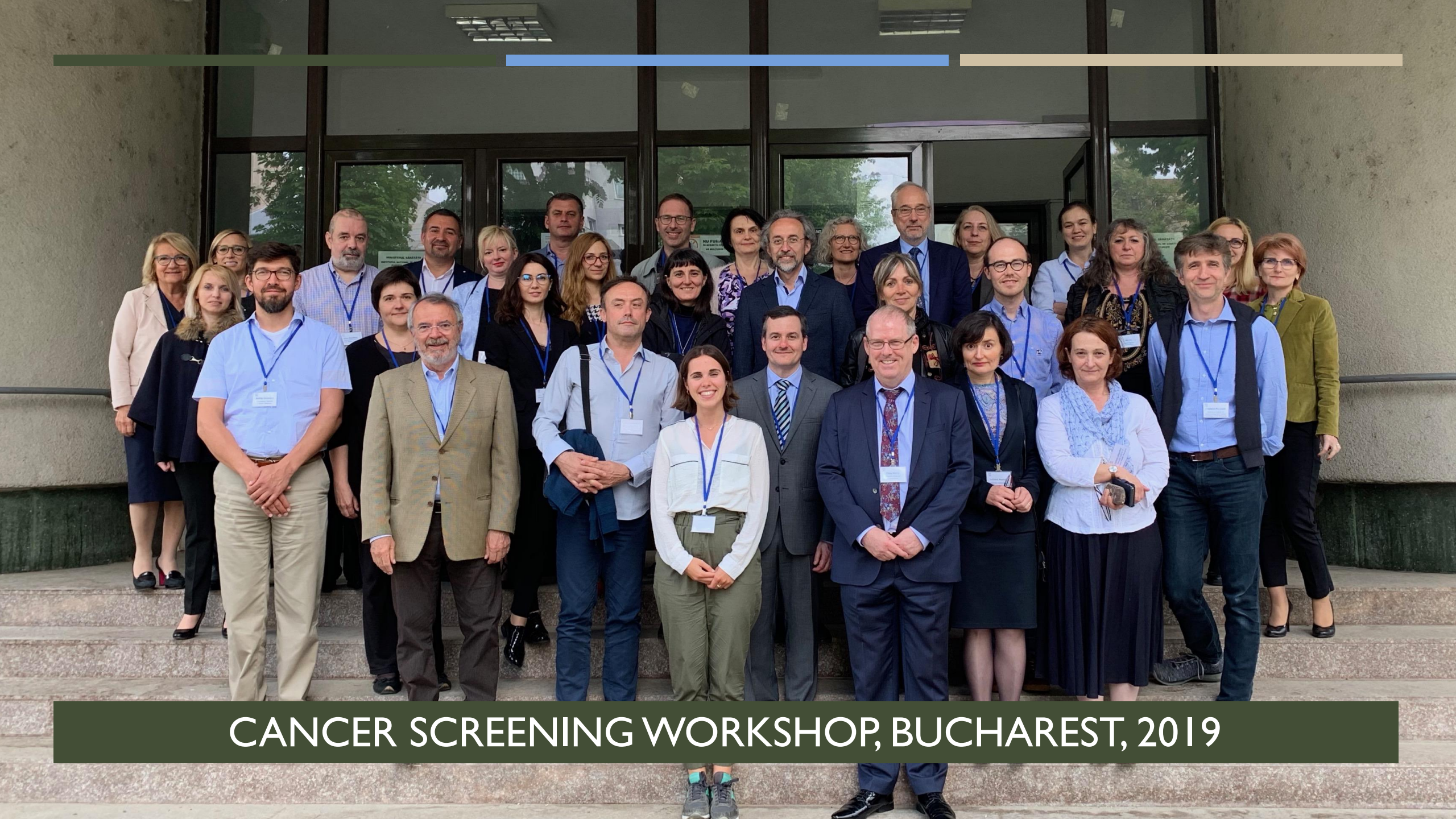


Save  
the  
Date

6-7 May 2019

Bucharest, Romania





CANCER SCREENING WORKSHOP, BUCHAREST, 2019



2003

**COUNCIL RECOMMENDATION  
of 2 December 2003  
on cancer screening**

(2003/878/EC)

THE COUNCIL OF THE EUROPEAN UNION,

Having regard to the Treaty establishing the European Community, and in particular Article 132(4), second subparagraph, thereof,

Having regard to the proposal from the Commission,

Having regard to the opinion of the European Parliament,

Whereas:

(1) Article 152 of the Treaty provides that Community action is to complement national policies and be directed towards improving public health, preventing human illness and diseases, and obviating sources of danger to human health. Such action shall cover the fight against the major health scourges, by promoting research into their causes, their transmission and their prevention, as well as health information and education. Community action in the field of public health shall fully respect the responsibilities of the Member States for the organisation and delivery of health services and medical care.

(2) Further development of cancer screening programmes should be implemented in accordance with national law and national and regional responsibilities for the organisation and delivery of health services and medical care.

(3) Cancer is a major disease and cause of death throughout Europe, including the future Member States. An estimated number of 1 580 096 new cancer cases, excluding non-melanoma skin cancer, occurred in the European Union in 1998. Of these, 1.4% were cervical cancers, 13% breast cancers, 14% colorectal cancers and 9% prostate cancers. Cervical and breast cancer constituted 1% and 29%, respectively, of new cancers in women. Prostate cancer constituted 17% of new cancers in men.

(4) Principles for screening as a tool for the prevention of chronic non-communicable diseases were published by the World Health Organisation in 1968 and by the Council of Europe in 1994. These two documents form, together with the current best practice in each of the cancer screening fields, the basis for the present recommendations.

(5) Additionally, these recommendations are based on the 'Recommendations on cancer screening' of the Advisory Committee on Cancer Prevention together with the experience gathered under the different actions sustained under the Europe against Cancer programme where European collaboration has helped, for example, high quality cancer screening programmes to provide efficient European guidelines of best practice and to protect the population from poor quality screening.

(6) Important factors which have to be assessed before a population-wide implementation is decided upon include, *inter alia*, the frequency and interval of the application of the screening test as well as other national or regional epidemiological specificities.

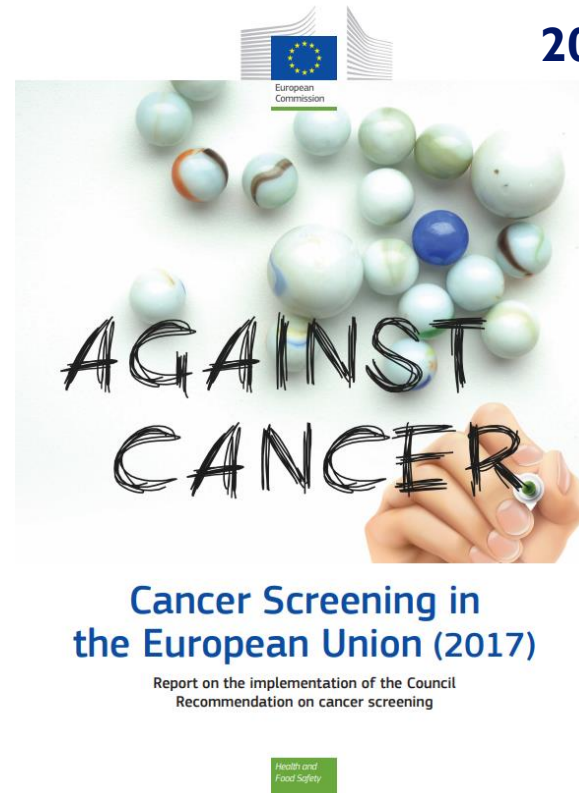
(7) Screening allows detection of cancers at an early stage of invasiveness or possibly even before they become invasive. Some lesions can then be treated more effectively and the patients can expect to be cured. The main indicator for the effectiveness of screening is a decrease in disease-specific mortality. As in the case of cervical cancer, cancer precursors are detected, a reduction in cervical cancer incidence can be considered a very helpful indicator.

(8) Evidence exists concerning the efficacy of screening for breast cancer and colorectal cancer, derived from randomised trials, and for cervical cancer, derived from observational studies.

(9) Screening is, however, the testing for diseases of people for which no symptoms have been detected. In addition to its beneficial effect on the disease-specific mortality, screening can also have negative side effects for the screened population. Healthcare providers should be aware of all the potential benefits and risks of screening for a given cancer site before embarking on new population-based cancer screening programmes. Furthermore, for the informed public of today, these benefits and risks need to be presented in a way that allows individual citizens to decide on participation in the screening programmes for themselves.

(10) Ethical, legal, social, medical, organisational and economic aspects have to be considered before decisions can be made on the implementation of cancer screening programmes.

2017



2023

## 3<sup>rd</sup> implementation report & update of Council Recommendation

# ROADMAP TOWARDS THE THIRD IMPLEMENTATION REPORT ON CANCER SCREENING IN THE EU





TOGETHER WE COULD  
IMPROVE **BREAST** SCREENING

You can join MyPeBS,  
a unique trial on personalized  
breast cancer screening



**COMMUNICATION**  
TO GENERAL PUBLIC



**26 partners**  
in the MyPeBS  
consortium



**7 participating  
countries**



**About 1,000 doctors  
and scientists**  
involved in the  
project



**85,000 women**  
**to be recruited**  
in the clinical trial



**8 year project  
duration**  
(2018-2025)



**12.5 millions euros**  
**of funding**  
from the Horizon  
2020 programme



**MyPeBS**  
Personalising  
Breast Screening

## OVERVIEW



# SURVEY MEMBERS

**18** RESPONSES

/ 26 MEMBERS

JUNE 2019

Forsíða / English

# Welcome to our clinic

*The Icelandic Cancer Society offers systematic screening for breast and cervical cancer. The service has two main purposes: Firstly, an effort to diagnose breast and cervical cancer at early stages, and secondly an emphasis is placed on preventing active cancer in these organs by detection in a precancerous stage. Our screening does not offer protection from other types of cancer.*



Krabbameinsfélagið



## ICELANDIC CANCER SOCIETY

BREAST AND CERVICAL CANCER ORGANISERS



Region	Period	Region Counties	Integrated Counties	Mammogr aphy tests	Women Assessed	Referral Hospital
Centre	1990/2015	78	78	1,600,261	57,664	6995
South	1997/2015	98	77	606,315	13,683	3126
North	1999/2015	86	75	884,310	58,689	5488
LPCC BCS	1990/2015	262	230	3,090,886	130,036	15,609



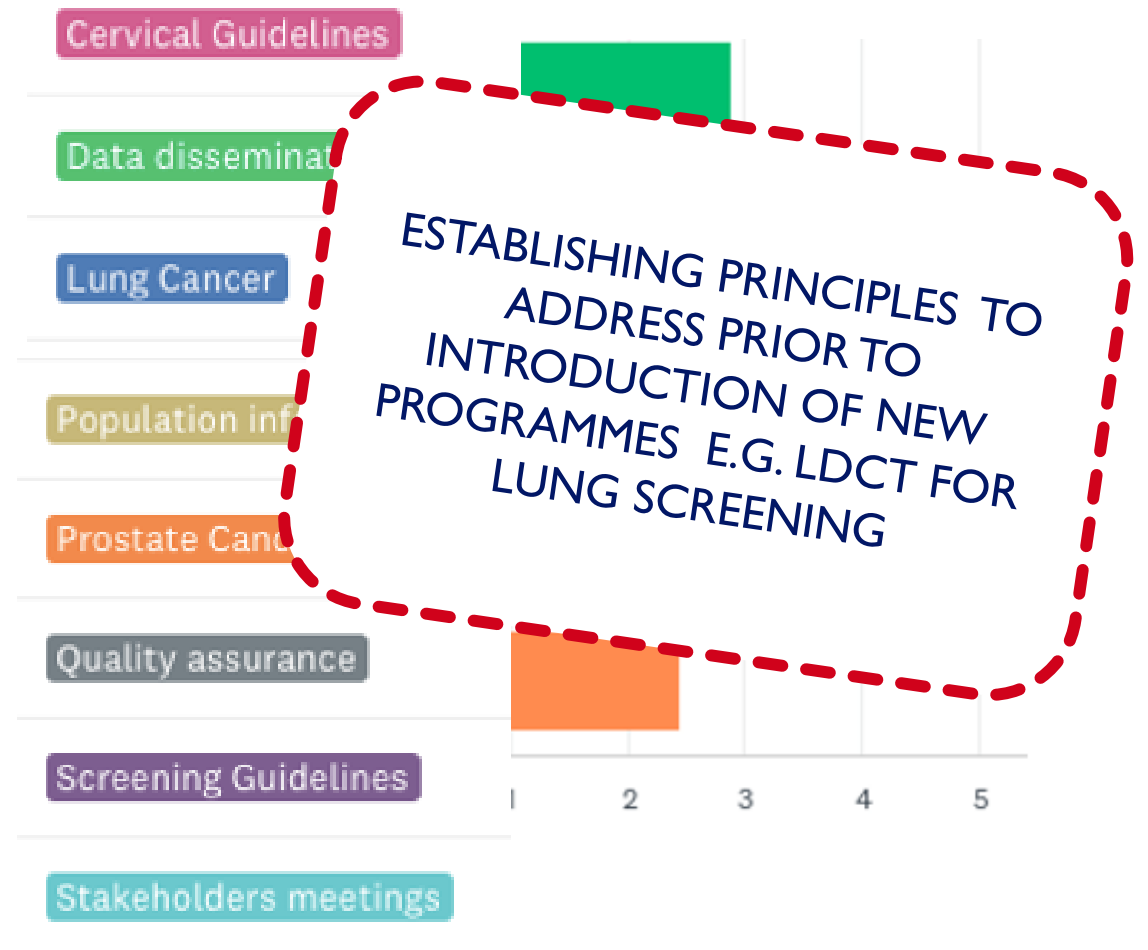
# PORTUGUESE LEAGUE AGAINST CANCER

## MAMMOGRAPHY MOBILE UNIT PORTUGAL

Q: WHAT IS THE **ROLE** IN REGARDS OF CANCER SCREENING PROGRAMMES OF YOUR ORGANISATION? (OPEN TEXT)

Q: AREAS OF INTEREST FOR STRUCTURED COOPERATION

- We initiated the above two screening projects
- For Colorectal Cancer Screening working in liaison with Ministry of Health aiming to go national
- For the three we inform, we don't promote. But we hope that promotion is done through informing
- We focus on providing balanced information on benefits and risks of cancer screening
- Research and evidence-based policy implementation promoter and organiser
- ORGANISER occasionally Prostate Cancer Screening & Melanoma Screening; PROMOTER sometimes ORGANISER Oral Cancer Screening



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**Editor's Choice**

**Mammography wars**

BMJ 2011; 343: doi: <https://doi.org/10.1136/bmj.2011.343.d76>  
Cite this as: BMJ 2011;343:d76

Article Related content

Fiona Godlee, editor, BMJ  
[fgodlee@bmj.com](mailto:fgodlee@bmj.com)

A Canadian taskforce has just published its recommendations. The recommendations mirror those of the US guidelines. But don't start routine mammography examination.

The US guidelines met with fierce opposition. The fact that they have some confidence in the result.

**Lung cancer screening**

Following screening

The implementation of screening for lung cancer in the United States is a challenge for citizens.

Given the challenges of lung cancer screening, and the fact that the disease is diagnosed at a late stage and no longer curable. However, recent studies on lung cancer screening have shown that early detection can lead to better outcomes. The European Code Against Cancer recommends comprehensive lung cancer screening for high-risk individuals. They recommend comprehensive lung cancer screening, including smoking-cessation programmes. The European Code Against Cancer also recommends a range of safe and effective services aimed at maintaining and improving the health of Europe's citizens. For example, the European Code Against Cancer recommends that the Commission support EU guidelines on lung cancer screening for colorectal cancer, does the Commission intend to support EU guidelines on lung cancer screening?

**The Breast Cancer Deadline 2020**

Years: 0 Days: 197 Hours: 13 Minutes: 15 Seconds: 16

BREAST CANCER INFORMATION ABOUT THE DEADLINE GET INVOLVED DONATE ABOUT NBCC

**THE CANCER LETTER** DECEMBER 14, 2018 VOL 44 ISSUE 46

**GUEST EDITORIAL**

**Conflicts have killed trust in the system. Advocates must rebuild it**

**By Frances M. Visco**  
President, National Breast Cancer Coalition

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**Who is NBCC?**

NBCC is advocates, scientists, incredibly motivated stakeholders, women, men, mothers, daughters, all united around one goal:

Policy Paper on

# PSA SCREENING FOR PROSTATE CANCER

*Has the time come to reconsider structured population-based PSA screening for prostate cancer?*

Answer in writing

The disease is diagnosed at a late stage and no longer curable. However, recent studies on lung cancer screening have shown that early detection can lead to better outcomes. The European Code Against Cancer recommends comprehensive lung cancer screening for high-risk individuals. They recommend comprehensive lung cancer screening, including smoking-cessation programmes. The European Code Against Cancer also recommends a range of safe and effective services aimed at maintaining and improving the health of Europe's citizens. For example, the European Code Against Cancer recommends that the Commission support EU guidelines on lung cancer screening for colorectal cancer, does the Commission intend to support EU guidelines on lung cancer screening?

# CHALLENGES

PROMOTION OF PRACTICE NOT YET RECOMMENDED BY EU GUIDELINES & EUROPEAN CODE AGAINST CANCER

/ DEBATE OVER EFFECTIVENESS OF RECOMMENDED PRACTICE

SHARED AGENDA WITH EUROMED





**Eliminating**

**Cervical Cancer**

**A Call to Action**

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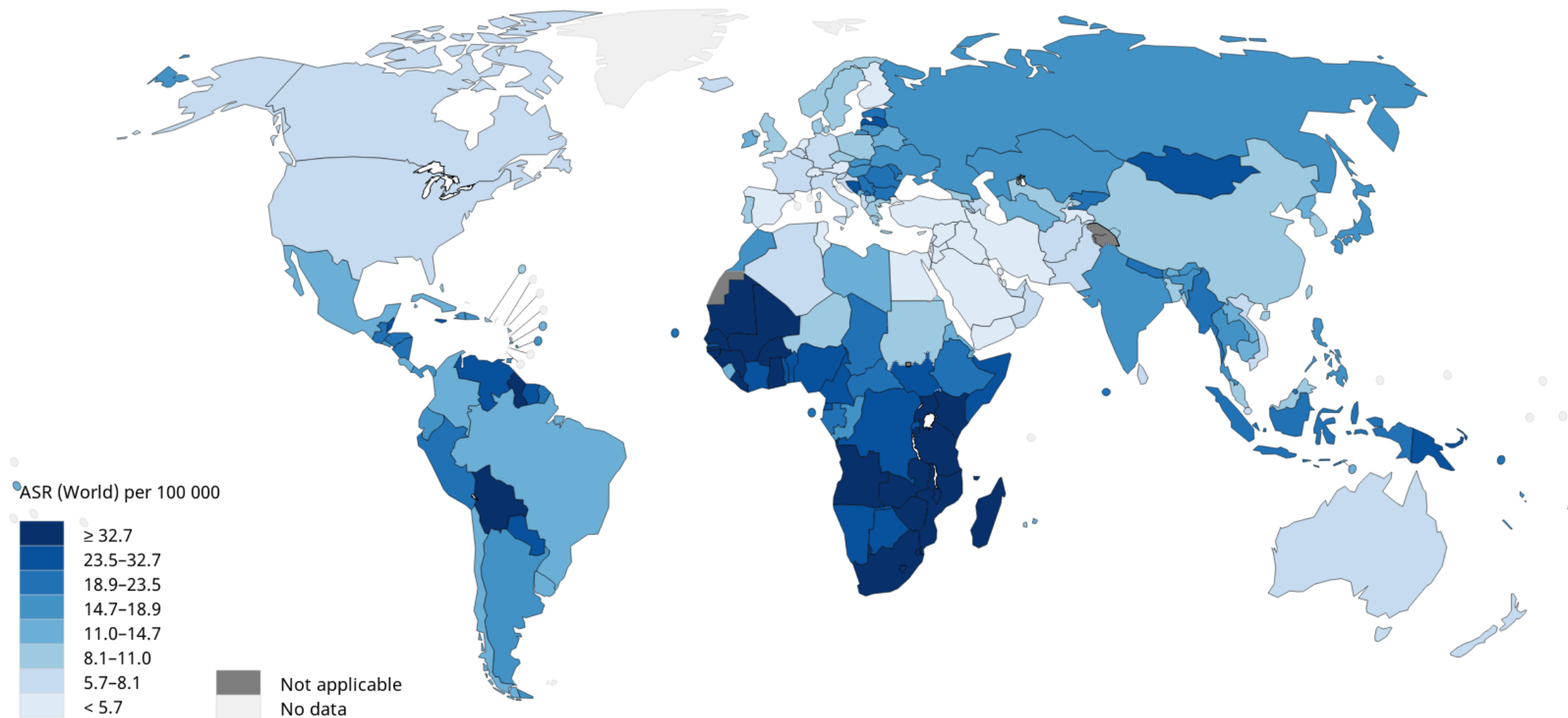
Woman being screened for  
cervical cancer in a rural  
clinic, Kenya



Dr. Tedros Adhanom Ghebreyesus,  
WHO Director-General

nic: <https://www.who.int/reproductivehealth/call-to-action-elimination-cervical-cancer>

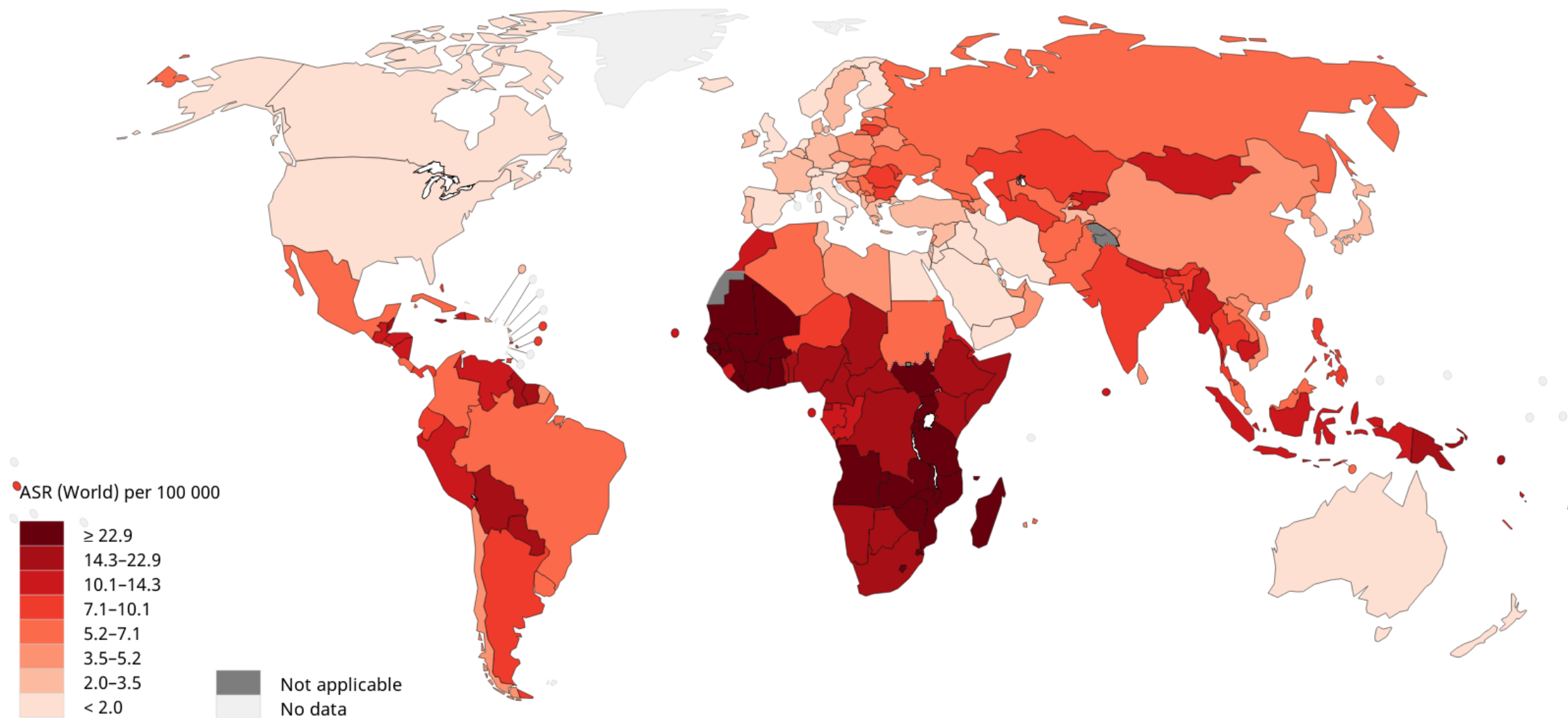
## Estimated age-standardized incidence rates (World) in 2018, cervix uteri, all ages



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Data source: GLOBOCAN 2018  
Graph production: IARC  
(<http://gco.iarc.fr/today>)  
World Health Organization

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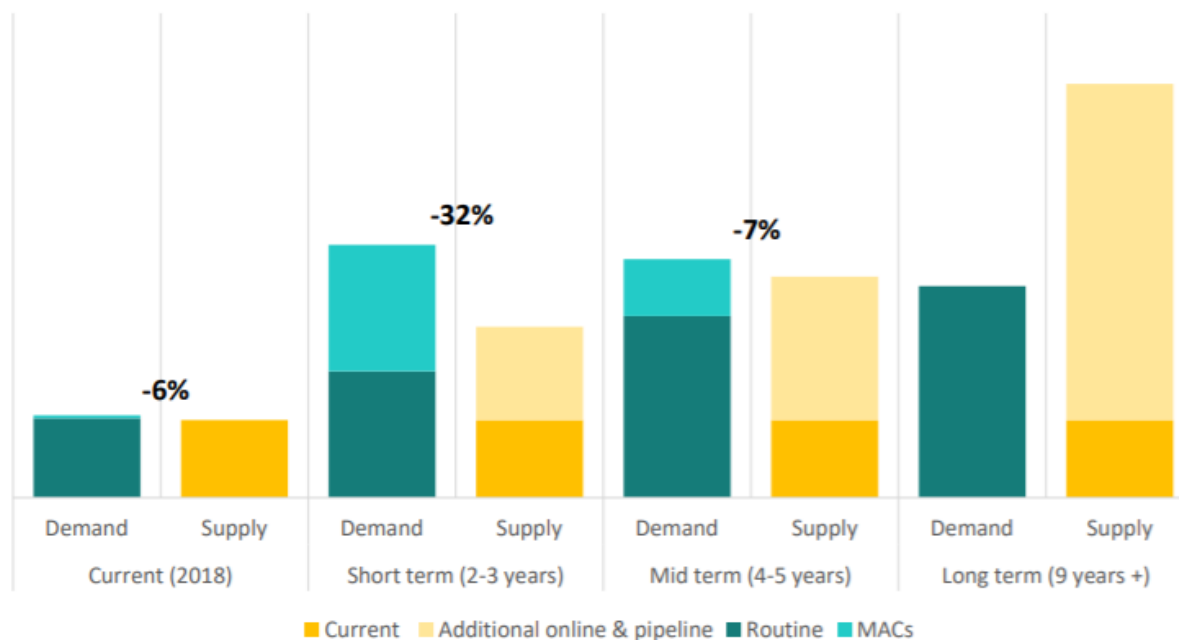


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Data source: GLOBOCAN 2018  
Graph production: IARC  
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World Health Organization

## GLOBAL MARKET STUDY HPV

FIG. 3: DEMAND-SUPPLY BALANCE OVER TIME<sup>13</sup>



<sup>13</sup> Base case – Brazil, Argentina, China, and India excluded

### QUICK STATS

NUMBER OF VACCINE SUBTYPES<sup>1</sup>

3

TOTAL NUMBER OF  
MANUFACTURERS<sup>2</sup>

2

2018 ESTIMATED GLOBAL  
SUPPLY

~30 million doses (maximum)

2018 ESTIMATED GLOBAL  
DEMAND

~30 million doses (supply  
constrained)

2017 REPORTED PRICE PER  
DOSE (RANGE)

US \$4.50–\$154.28



# BEATING CANCER: MISSION POSSIBLE

TOWARDS EFFECTIVE CANCER  
CONTROL IN EUROPE

I. **PREVENTION** AS A  
KEY TO SUSTAINABLE  
CANCER CONTROL

II. BEATING CANCER  
WITH HIGH QUALITY  
**TREATMENTS**

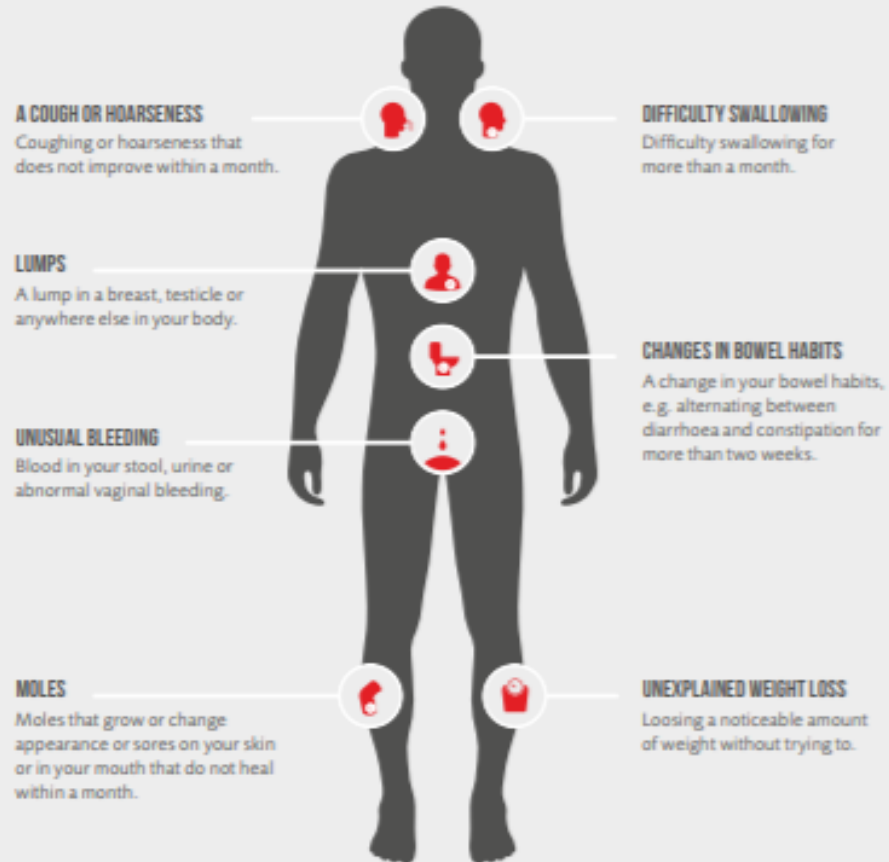
III. IMPROVING CARE AND  
INVOLVING **PATIENTS** IN  
HEALTH POLICY DECISIONS



Promote access to quality assured  
cancer screening and early detection  
services, supporting Member States in  
the implementation of cancer screening  
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towards the elimination of cervical cancer;

**MEPs Against Cancer**  
2019 European Elections Manifesto

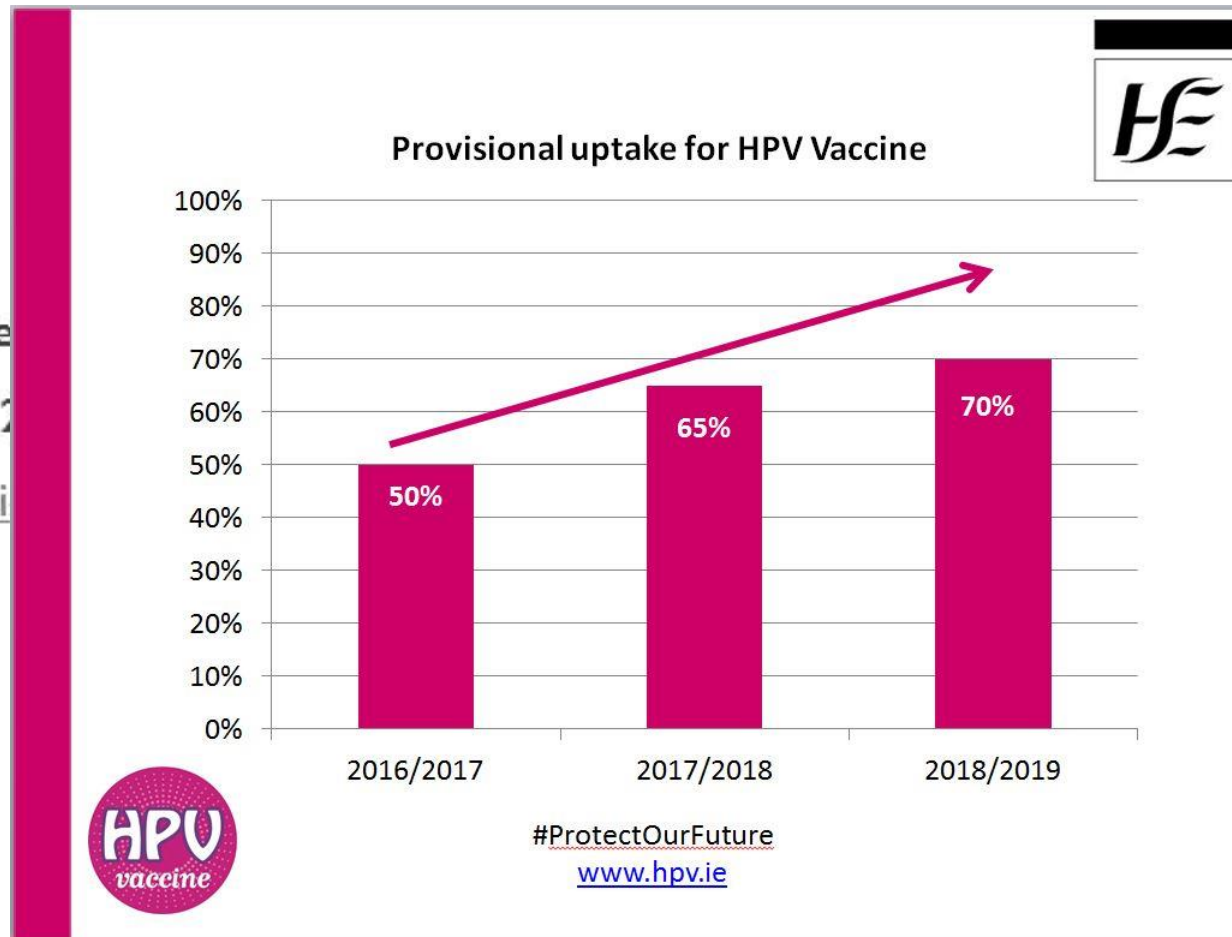
## SEE YOUR DOCTOR IF YOU HAVE



## THE 7 SIGNS OF CANCER

INFORMATION PROVISION : EARLY DETECTION

- Irish Cancer Society
- Launched August 2016
- <http://hpvalliance.ie>
- 41 members



# ADDRESSING VACCINE CONFIDENCE

# COOPERATION





# BRIEF ASSESSMENT

## Feasibility

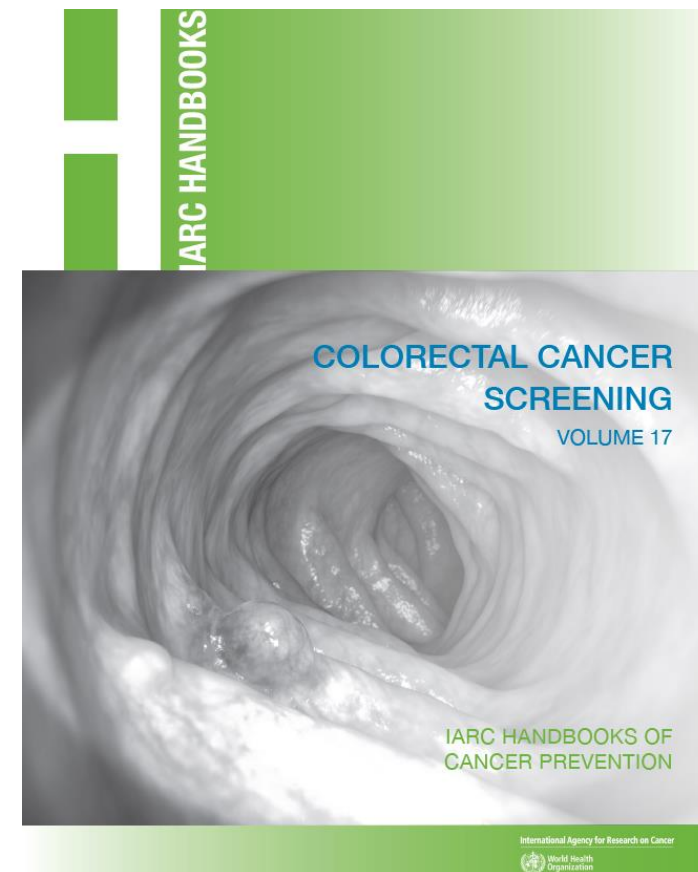
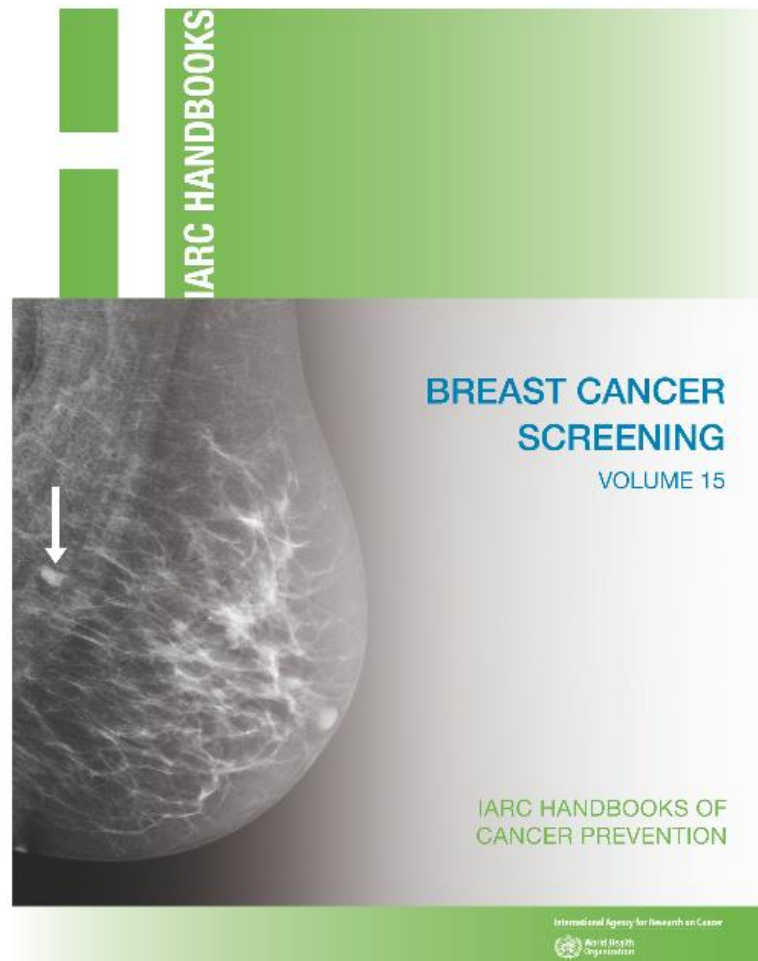
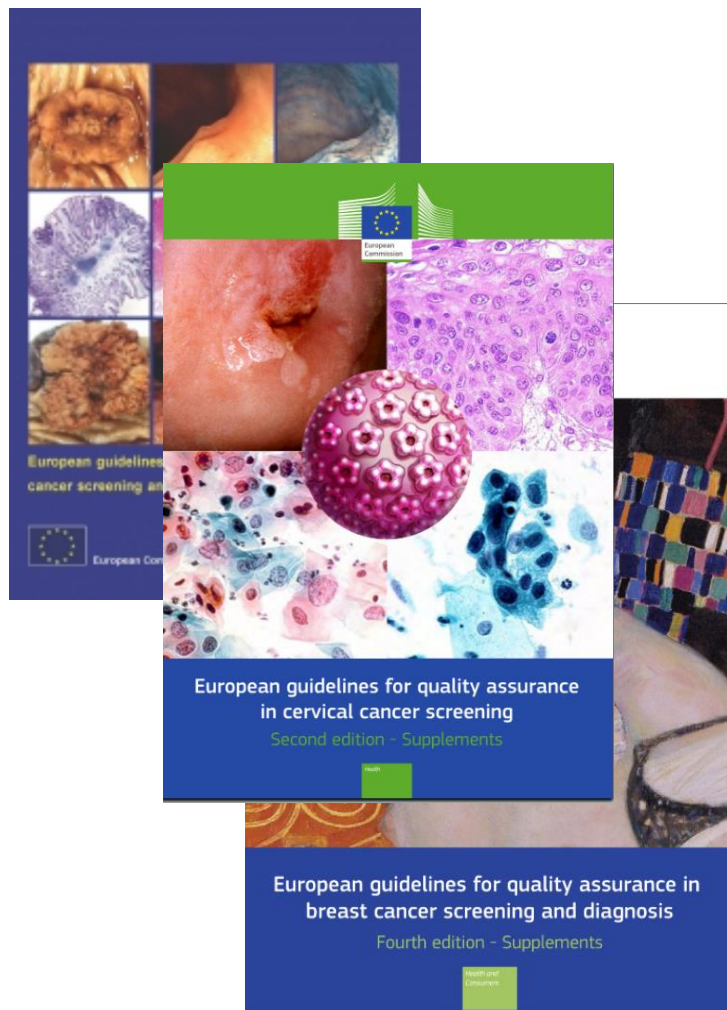
- Information exchange
- Complimentary events / participation, publications ...

## Utility

- Issues of universal interest / relevance for LMIC
- EU accession countries specificities
- Signpost to ongoing activities at UICC

## Acceptability

- Frameworks tested for inter-regional cooperation
- Interest in adaptation of tools and guidance



EVIDENCE-BASED ADVOCACY; PRAGMATIC ADAPTATION ...



## STAKEHOLDER ENGAGEMENT METHODS



Clinician

Patient

**PATERNALISTIC:**

Information and recommendations



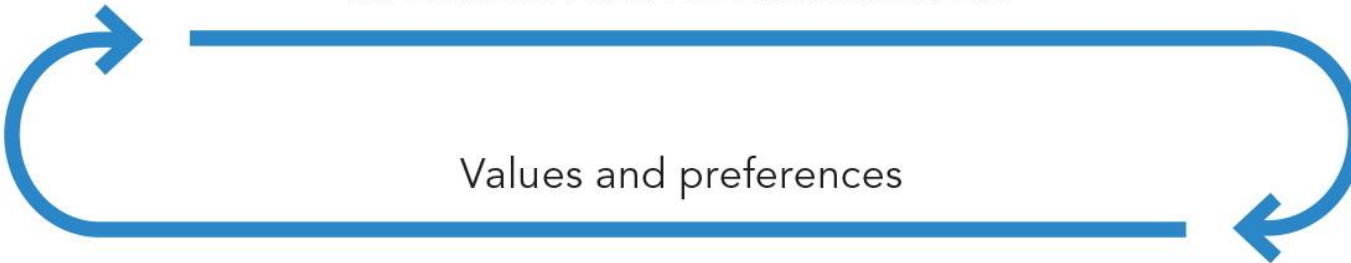
**INFORMED MEDICAL DECISION MAKING:**

Information



**SHARED DECISION MAKING:**

Information and recommendations



Values and preferences

**FACILITATING INFORMED/SHARED DECISION MAKING**



Save the date – March 2020 - PORTUGAL

FUTURE CANCER SCREENING MEETING

# WORLD CANCER CONGRESS 2020 – 19-22 OCTOBER, OMAN

- Session workshop proposal?





THANK YOU!

شكرا



nirringrazzjak    dziękuję    d'akujem  
hvala    dank u    danke    mulțumesc  
paldies    aitäh    köszönöm    merci    obrigado  
grazie    tak    kiitos    efharisto  
ačiū