

CIVIL SOCIETY ROLE IN PROMOTING ORGANISED SCREENING

INTEGRATING HEALTH-PROMOTING MESSAGES IN THE SCREENING PROGRAMMES AND OTHER PRIORITIES

DAVID RITCHIE & MERITXELL MALLAFRÉ-LARROSA, ASSOCIATION OF EUROPEAN CANCER LEAGUES (ECL)

DECLARATION OF INTEREST

- ECL has received an Operating Grant from the European Commission under the Third EU Health Programme 2014-2020:

- FPA 2014 (664682)

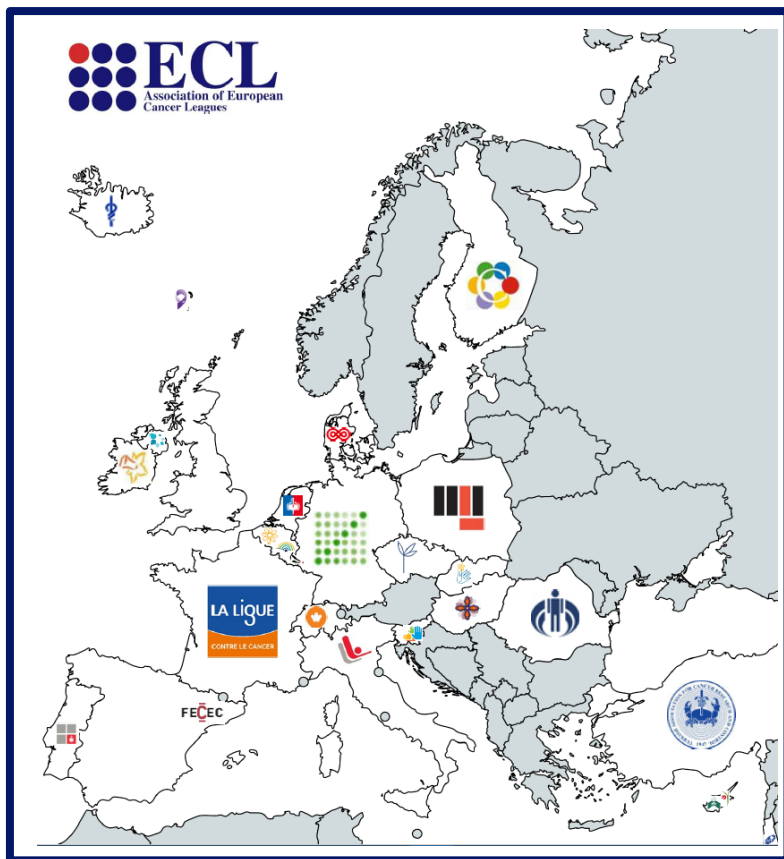
- FPA 2017 (785273)



Co-funded by
the Health Programme
of the European Union

- ECL is also supported by an L'Oreal Garnier through an unrestricted annual educational grant.

ABOUT ASSOCIATION OF EUROPEAN CANCER LEAGUES (ECL)



- Founded in 1980
- 26 members in 23 countries in WHO Europe region
- Romanian Cancer Society
- 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. Endure 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



EUROPEAN CODE AGAINST CANCER



CANCER PREVENTION MILESTONES

A look into the future 2019 ECL's work on the European Code Against Cancer (ECAC) and Cancer Screening



On February 4th,
join us for
#WorldCancerDay
and support
#IAmAndIWill
UICC's campaign

On February 5th,
the **kick-off meeting**
for CPO agreement
on **cancer screening**
will take place

Launch of the
ECAC interactive map
online



Release of the
preliminary **report on**
the **ECAC Evaluation**



During the second
week of May, the first
CPO Cancer Screening
workshop will be
organized in Germany

Between May 22nd and
25th, the **ECAC workshop**
will take place in Ireland

The last week of May,
join us on the
European Week
Against Cancer
#EWAC19



The **ECAC Policy**
Framework will be
added to the ECAC
interactive map

A new **website section**
on **Screening** will be
developed by CPO



From August 29th to
September 1st, the ECL
Youth Ambassadors
Summer School
will take place

An **ECAC site visit** in
Switzerland (TBC)



During mid October,
the second **CPO**
Cancer Screening
workshop will be
organised (TBC)



ECL Annual Meeting
in Luxembourg

February

March

May

June

September

October

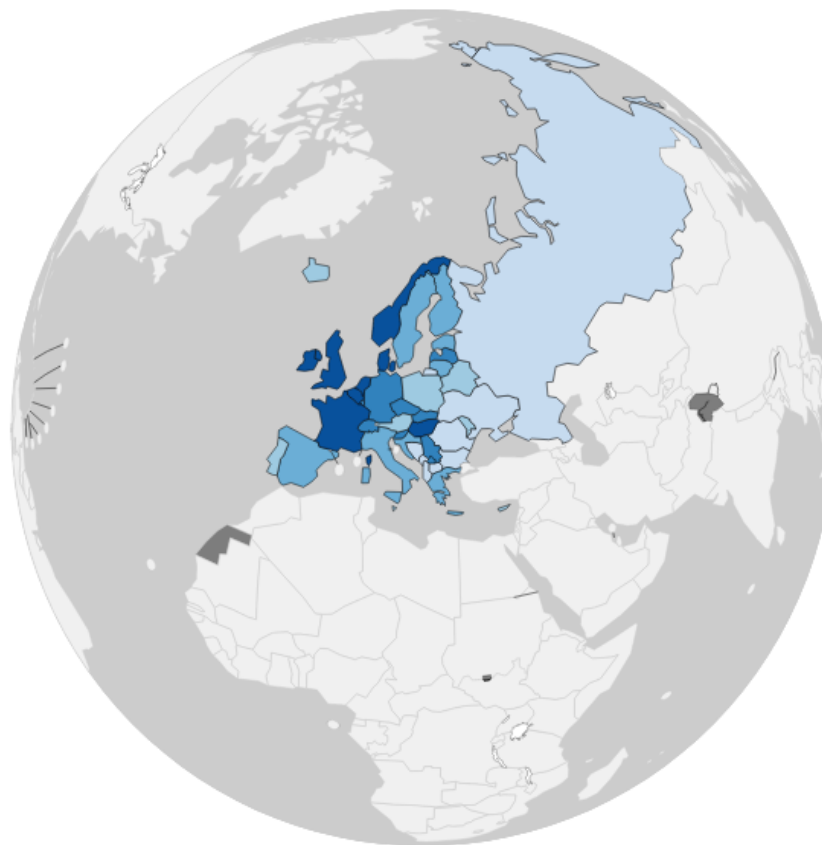
November



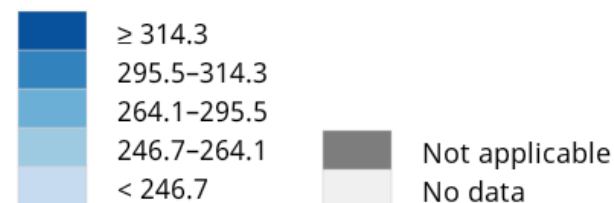
CANCER BURDEN IN EUROPE

- Estimated 3.91 million new cases of cancer (excluding non-melanoma skin cancer) and 1.93 million deaths from cancer in Europe in 2018.
- About 1 in 4 deaths attributable to cancer.
- Second most common cause of death (after cardiovascular disease)
- **~40-50% of cancer burden is preventable.** Mortality can be further reduced by early detection.
- 25% expected increase in EU until 2035 (to 3.3 million new cases each year)

Estimated age-standardized incidence rates (World) in 2018, all cancers, both sexes, all ages



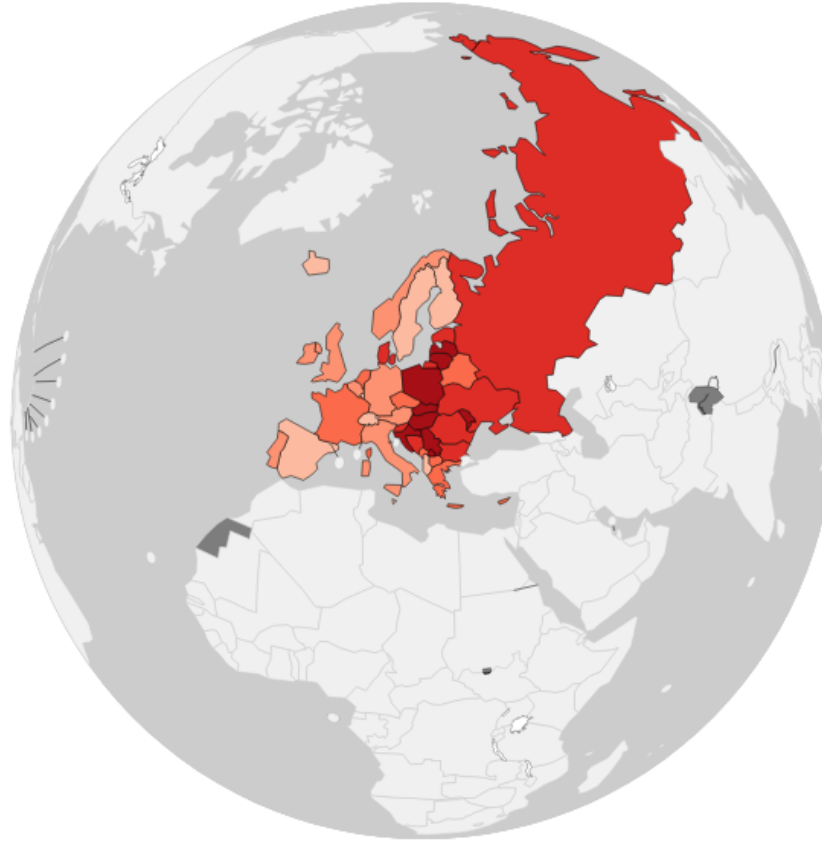
ASR (World) per 100 000



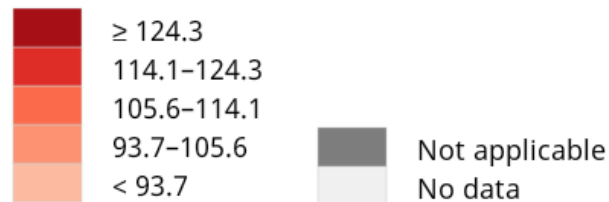
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Data source: GLOBOCAN 2018
Graph production: IARC
(<http://gco.iarc.fr/today>)
World Health Organization

Estimated age-standardized mortality rates (World) in 2018, all cancers, both sexes, all ages



ASR (World) per 100 000



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

Cancer Screening Programmes

European Code Against Cancer

The European Code Against Cancer includes 12 ways to reduce your cancer risk. One of the messages is: Take part in organised cancer screening programmes for breast cancer (woman), cervical cancer (woman) and colorectal cancer. Use the map to explore national screening programmes of the 28 member states for those three cancer types.

CANCER PROGRAMME

ALL BREAST CERVICAL COLORECTAL

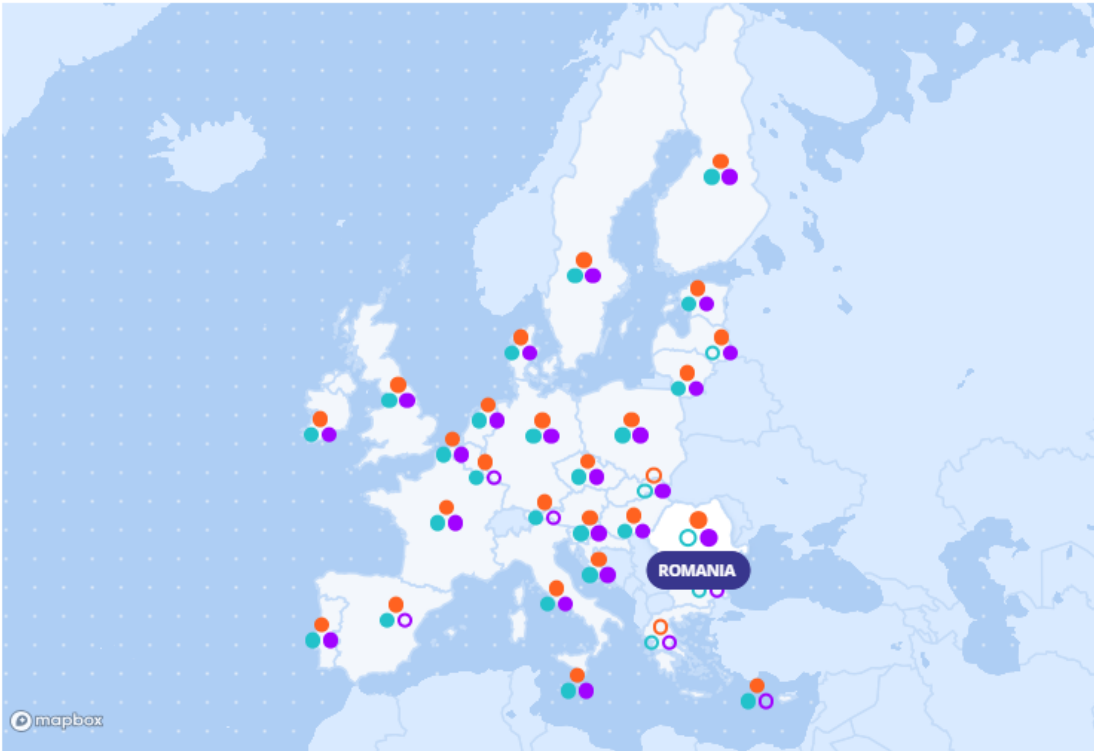
HIGHLIGHT PROGRAMMES WITH

PUBLIC FUNDING REGISTRIES

Download cancer screening data

Data source:

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AVAILABLE PROGRAMMES NOT AVAILABLE

Breast Cervical Colorectal Breast Cervical Colorectal

Romania

Cancer programme

BREAST CERVICAL COLORECTAL

Romania has a population based programme for breast cancer.

Year of initiation

The population based programme in Romania started in 2015. 24 other member states had initiated a programme by then.



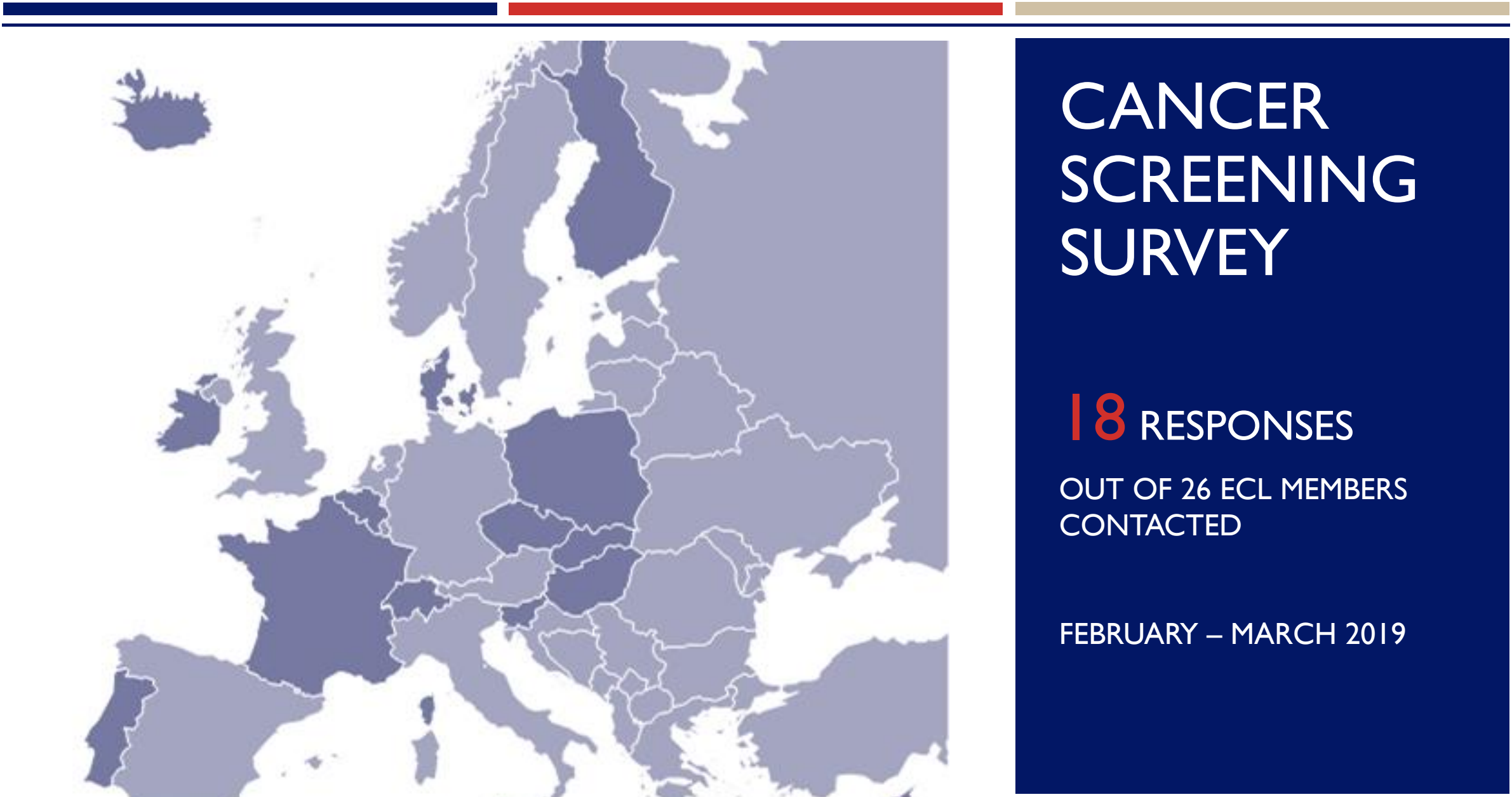
Target age

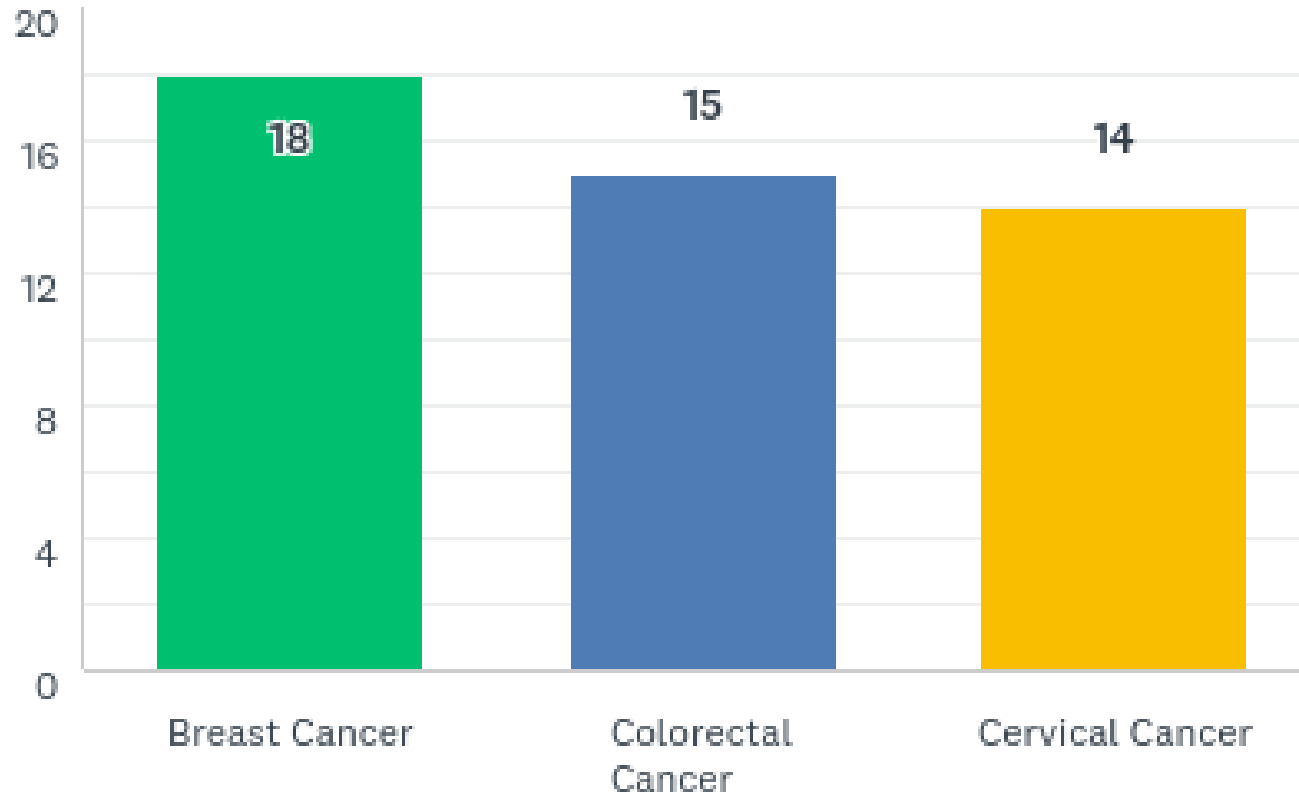
Most member states have their target age somewhere between 50 and 69.



EUROPEAN
CODE AGAINST
CANCER

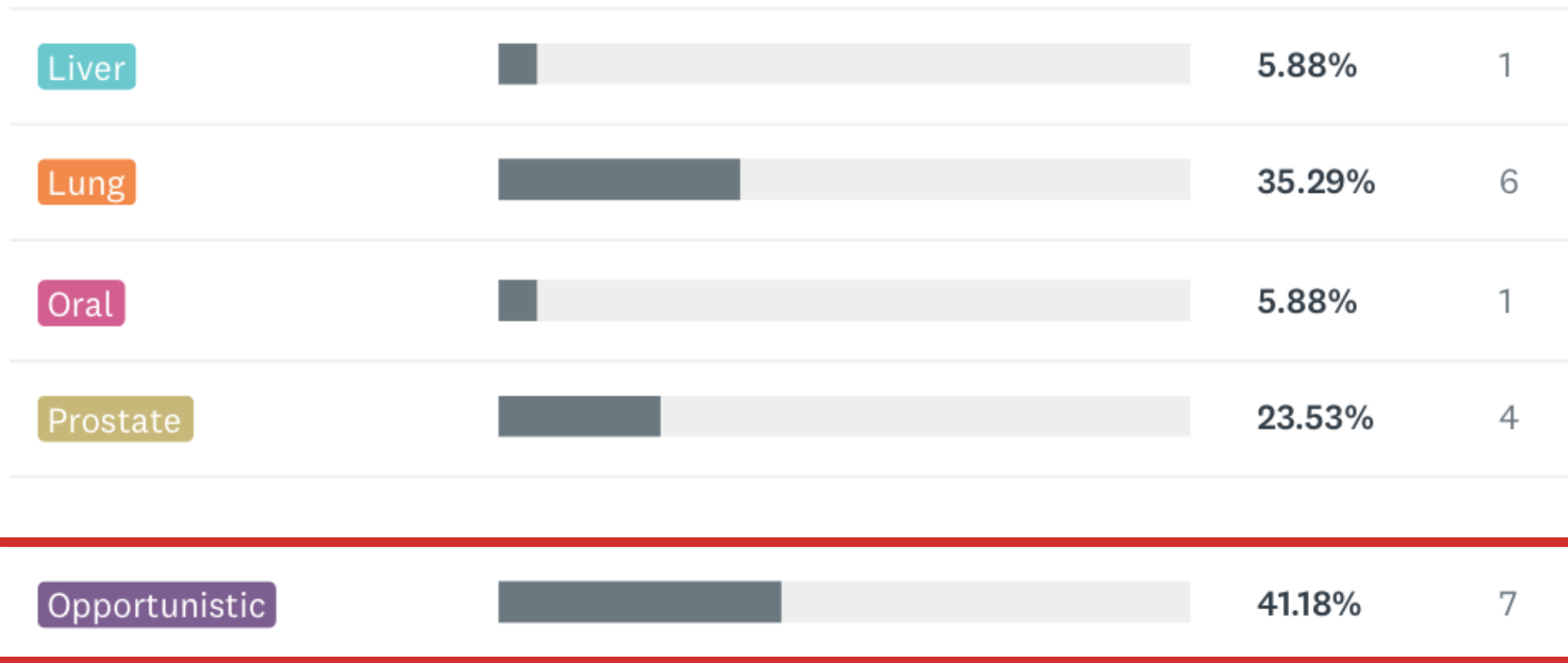
MAP 1.0





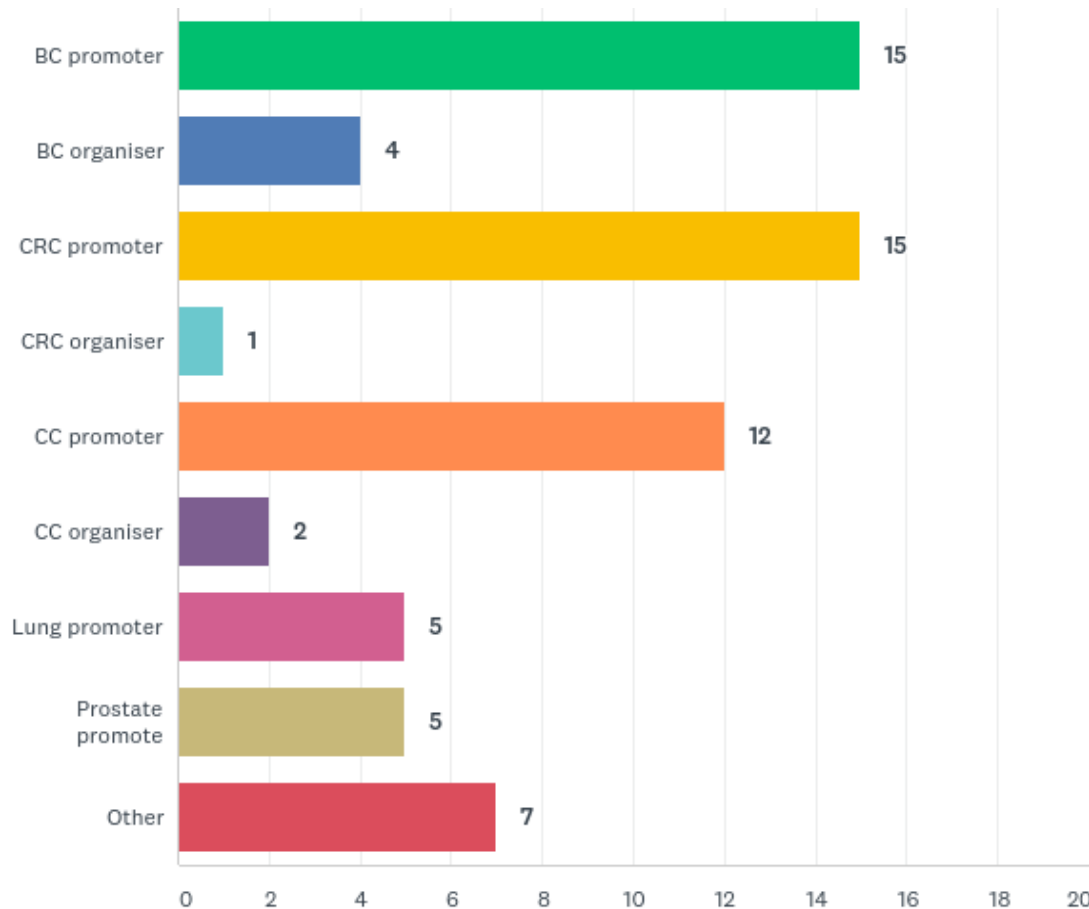
Q3:WHAT OF THE FOLLOWING ARE ORGANISED CANCER SCREENING PROGRAMMES IN YOUR COUNTRY?

ANSWERED: 18 SKIPPED: 0



Q4: WHAT IS THE STATUS OF CANCER SCREENING PROGRAMMES **NOT CURRENTLY SUPPORTED BY EU GUIDELINES** (E.G. PROSTATE, LUNG CANCER SCREENING, ETC.) IN YOUR COUNTRY?

ANSWERED: 18 SKIPPED: 0



SPECIAL ARTICLE

J Health Inequal 2017; 3 (2): 1–5

Submitted: 29.11.2017, accepted: 29.11.2017

DOI:

JOURNAL
of Health Inequalities

Contribution of cancer leagues to the promotion and organisation of cancer screening programmes

David Ritchie

Association of European Cancer Leagues, Brussels, Belgium

ABSTRACT

The European Union Council Recommendation of 2003 outlines the key principles of best practice in the systematic screening and early detection of cancer, calling on EU member states to develop and implement organised, population-based screening programmes for breast, cervical and colorectal cancer. This short communication outlines, with three practical examples, the variety of ways in which cancer leagues are supporting the development, management, and quality improvement of organised cancer screening in the wider European region.

The contribution of cancer leagues is a key sustaining factor for the full and equitable implementation of organised cancer screening programmes, in compliance with the EU guidelines for quality assurance in cancer screening. Both the Portuguese League against Cancer and the Icelandic Cancer Society manage and implement the national breast cancer programmes in their respective countries. The Icelandic Cancer Society also manages the cervical cancer screening programme in parallel. The Israel Cancer Associ-

Q5:WHAT IS THE ROLE IN REGARDS OF CANCER SCREENING PROGRAMMES OF YOUR ORGANISATION?

ANSWERED: 18 SKIPPED: 0



ISRAEL
CANCER
ASSOCIATION

FOUNDERS BREAST CANCER SCREENING PROGRAMME

Effectiveness of Organized National Breast Cancer Screening: The Israeli Experience

By Eliezer Robinson, MD, Miri Ziv, MA, and Lital Keinan-Boker, MD, PhD

August 10, 2016

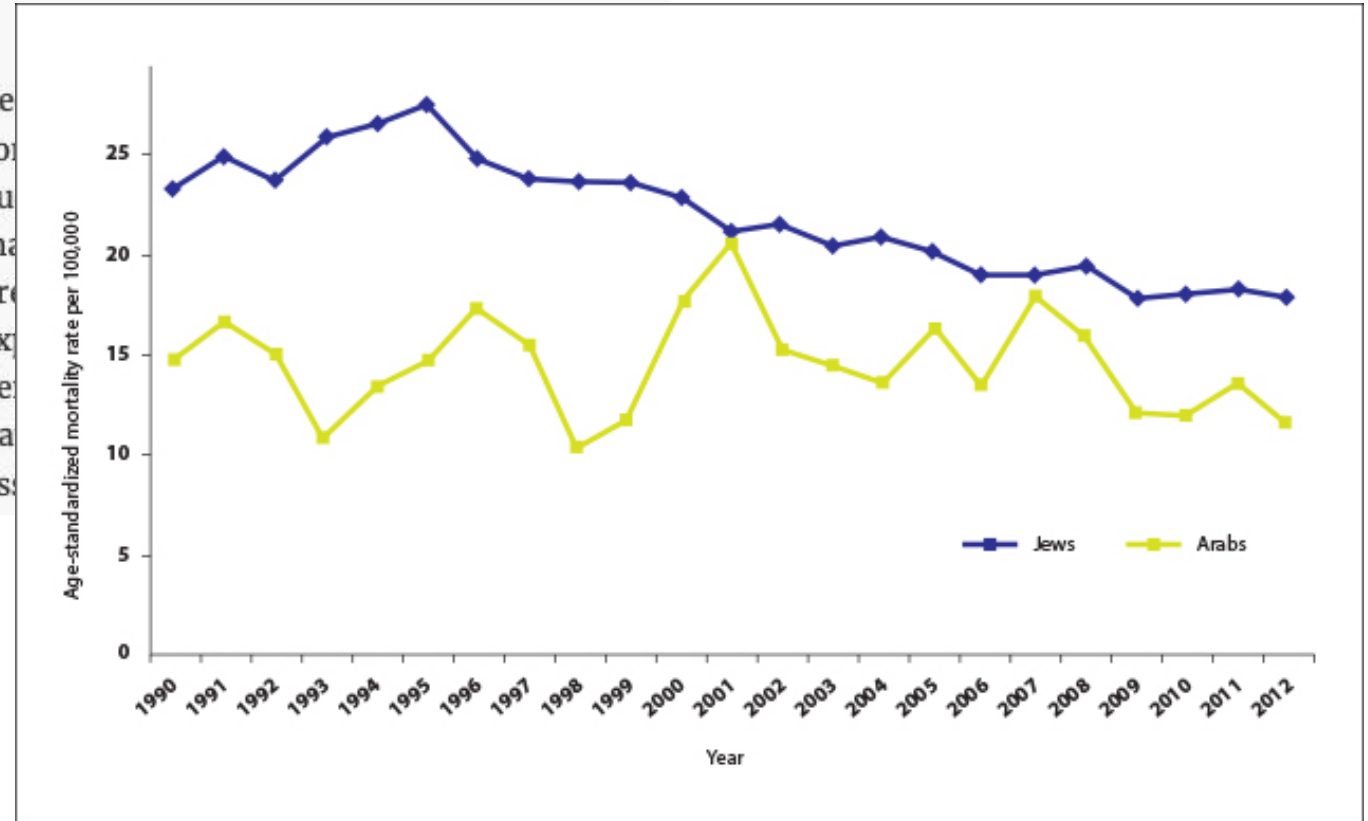
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“ In the fight against breast

by the Israel Cancer Ass

Breast cancer mortality in Israeli women, 1990–2012. Source: Israel National Cancer Registry.¹⁷



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.



ICELANDIC CANCER SOCIETY

BREAST AND CERVICAL CANCER ORGANISERS

Population-based service mammography screening: the Icelandic experience

This article was published in the following Dove Press journal:

Breast Cancer: Targets and Therapy

8 May 2013

[Number of times this article has been viewed](#)

Kristjan Sigurdsson^{1,3}
Elínborg Jóna Ólafsdóttir²

¹The Icelandic Cancer Detection Clinic, ²The Icelandic Cancer Registry, Icelandic Cancer Society, ³Faculty of Medicine, University of Iceland, Reykjavik, Iceland

Objective: This study analyzes the efficacy of the Icelandic population-based service mammography screening.

Material and methods: Women aged 40–69 were invited for screening at 2-year intervals starting in November 1987. The study evaluates: (A) attendance and other screened performance parameters during 1998–2010; (B) trends in age-standardized and age-specific incidence rates during 1969–2010 and mortality rates during 1969–2010; and (C) distribution of risk factors and disease specific death rates according to mode of detection.

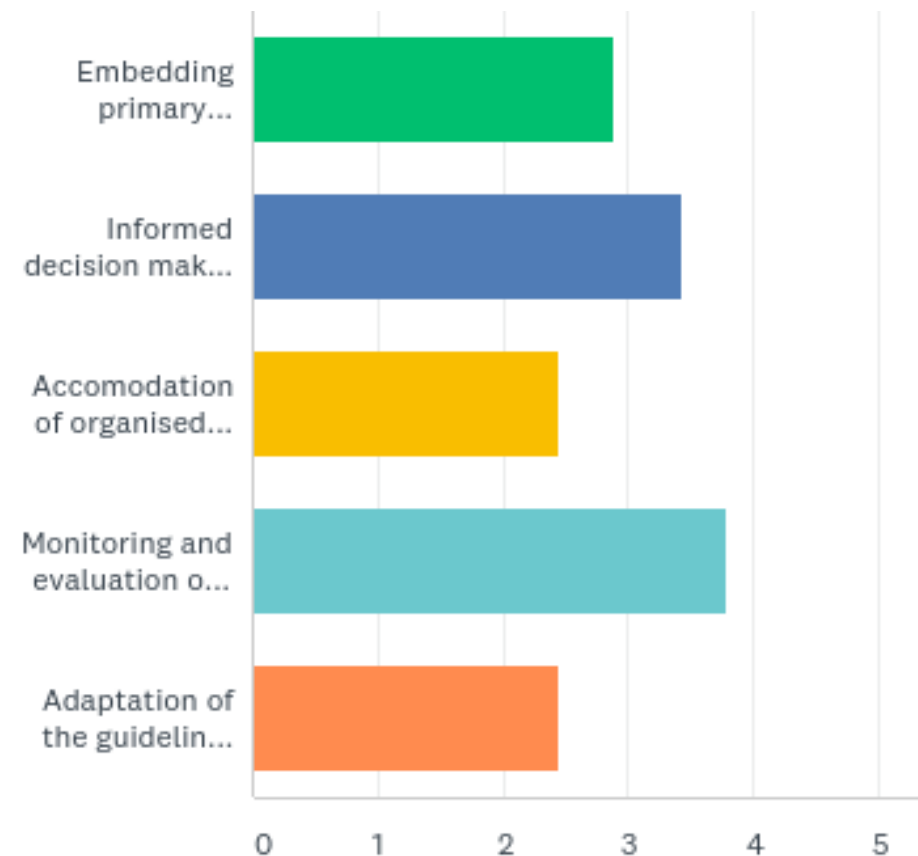
Region	Period	Region Counties	Integrated Counties	Mammogr aphy tests	Women Assessed	Referral Hospital
Centre	1990/2015	78	78	1,600,261	57,664	6995
South	1997/2015	98	77	606,315	13,683	3126
North	1999/2015	86	75	884,310	58,689	5488
LPCC BCS	1990/2015	262	230	3,090,886	130,036	15,609



PORTUGUESE LEAGUE AGAINST CANCER

MAMMOGRAPHY BUS AROUND PORTUGAL

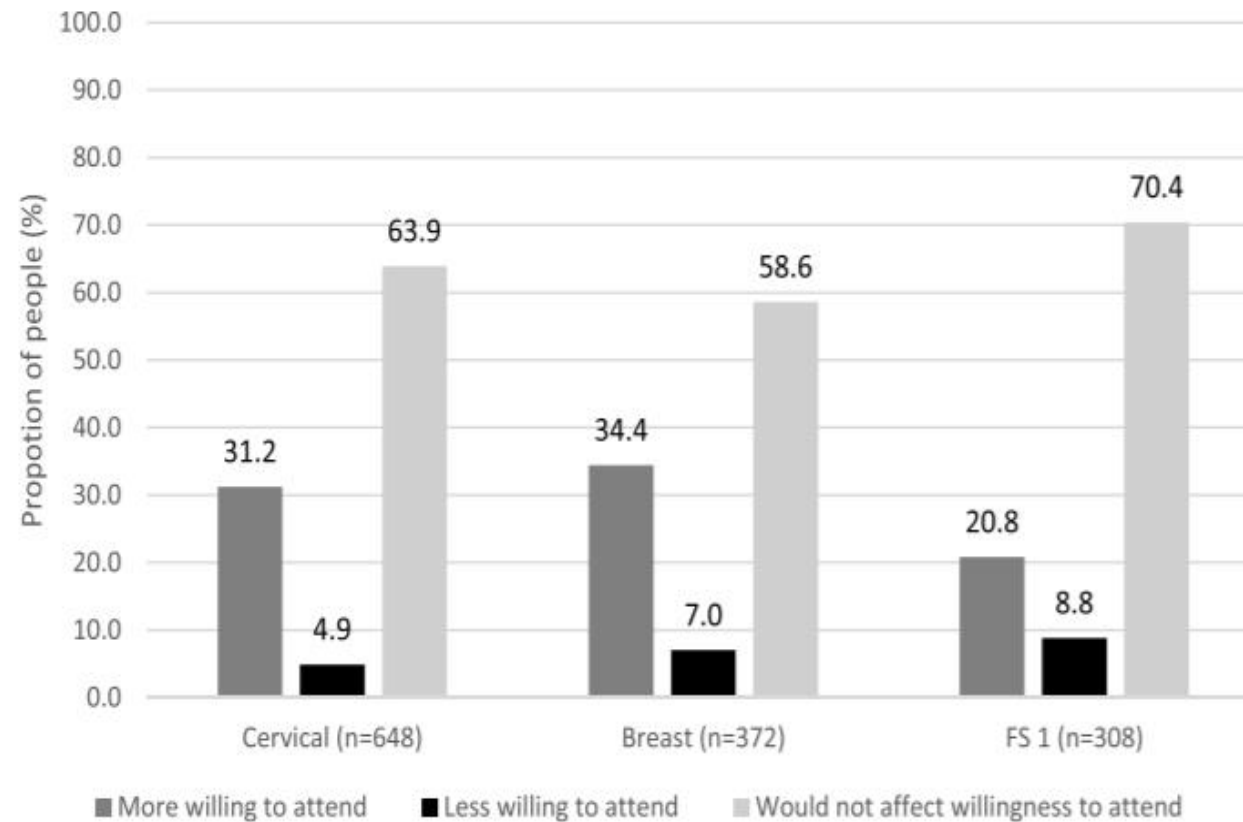
	1	2	3	4	5	TOTAL	SCORE
Embedding primary prevention into secondary prevention	22.22% 4	5.56% 1	33.33% 6	16.67% 3	22.22% 4	18	2.89
Informed decision making in regards of cancer screening	27.78% 5	27.78% 5	11.11% 2	27.78% 5	5.56% 1	18	3.44
Accommodation of organised and spontaneous screening programmes	5.56% 1	22.22% 4	22.22% 4	11.11% 2	38.89% 7	18	2.44
Monitoring and evaluation of the screening programmes	33.33% 6	27.78% 5	27.78% 5	5.56% 1	5.56% 1	18	3.78
Adaptation of the guidelines to different countries and settings	11.11% 2	16.67% 3	5.56% 1	38.89% 7	27.78% 5	18	2.44



Q6: FROM MORE TO LESS, WHAT TOPICS WOULD YOU LIKE TO FOCUS ON DURING THE WORKSHOPS ORGANISED ALONG WITH CPO?

ANSWERED: 18 SKIPPED: 0

ACCEPTABILITY OF RECEIVING LIFESTYLE ADVICE AT CERVICAL, BREAST AND BOWEL CANCER SCREENING



Claire Stevens, Charlotte Vrinten, Samuel G. Smith, Jo Waller, Rebecca J. Beeken, Acceptability of receiving lifestyle advice at cervical, breast and bowel cancer screening, Preventive Medicine, Volume 120, 2019, Pages 19-25, <https://doi.org/10.1016/j.ypmed.2018.12.005>.

Fig. 1. Impact of the provision of lifestyle advice on willingness to attend cancer screening, among participants who intend to attend their next cancer screening appointment.

¹ Flexible sigmoidoscopy.



Population based cancer screening programmes as a teachable moment for primary prevention interventions. A review of the literature

Carlo Senore*, Livia Giordano, Cristina Bellisario, Francesca Di Stefano and Nereo Segnan

Epidemiologia dei Tumori II, AOU S Giovanni Battista – CPO Piemonte, Torino, Italy

a comparison group. **Results:** Comprehensive interventions are acceptable for asymptomatic subjects targeted for cancer screening, can result in improvements and may be cost-effective. A positive impact of these interventions in favoring the adoption of cancer protective dietary behaviors was observed in all studies. Conflicting results were instead reported with respect to physical activity, while no impact could be observed for interventions aimed to favor smoking cessation. **Conclusions:** The retrieved studies suggest that the screening setting may offer valuable opportunities to provide credible, potentially persuasive life style advice, reaching a wide audience. A multiple risk factor approach may maximize the benefit of behavioral change, as the same health related habits are associated not only with cancers targeted by screening interventions, but also with other cancers, coronary artery disease, and other chronic conditions, while unhealthy behaviors may be mutually reinforcing. In order to cover a maximum number of possibilities, health education programmes should include multiple strategies, integrating and combining models of individual, social, and environmental change.

TEACHABLE MOMENT

LITERATURE REVIEW

Cost-effectiveness and Benefit-to-Harm Ratio of Risk-Stratified Screening for Breast Cancer

A Life-Table Model

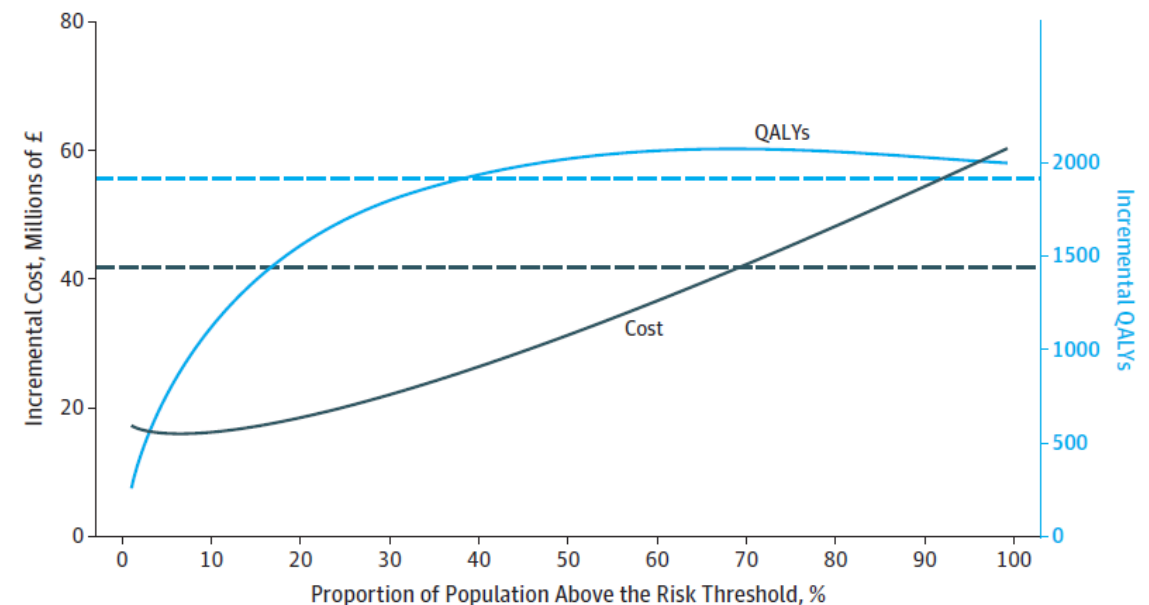


Nora Pashayan, MD, PhD; Steve Morris, PhD; Fiona J. Gilbert, MBChB, FRCR; Paul D. P. Pharoah, MBBS, PhD

IMPORTANCE The age-based or “one-size-fits-all” breast screening approach does not take into account the individual variation in risk. Mammography screening reduces breast cancer deaths at the cost of overdiagnosis. Identifying risk-stratified screening could provide a more favorable ratio of overdiagnoses to breast cancer deaths prevented, improve the quality of life of women and save resources.

CONCLUSIONS AND RELEVANCE Not offering breast cancer screening to low-risk women could improve the cost-effectiveness of the screening program, reduce overdiagnosis, and maintain the benefits of screening.

Figure 2. Incremental Cost and Incremental Quality-Adjusted Life-Years (QALYs) of Risk-Stratified Screening Compared With No Screening





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)



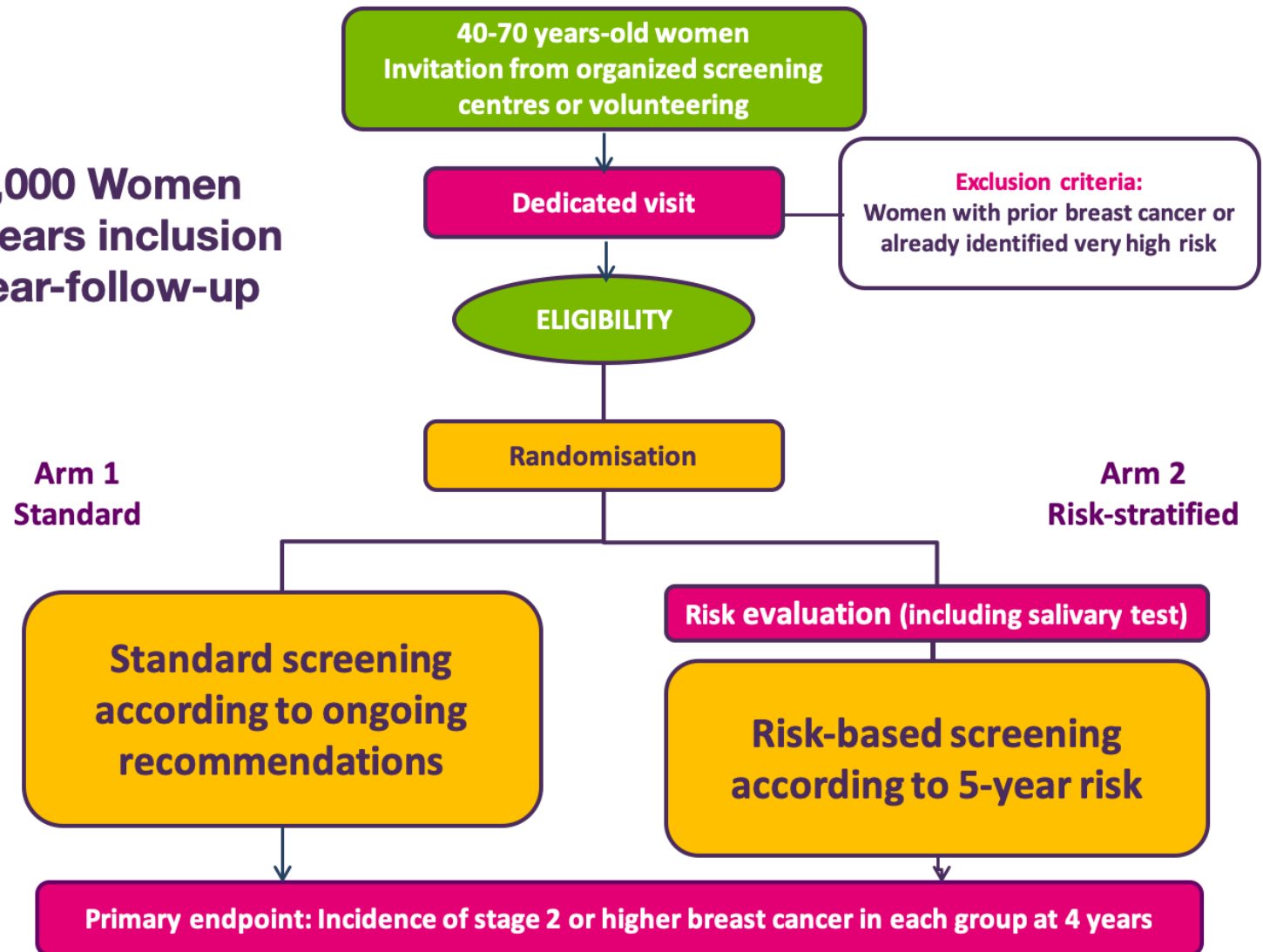
**12.5 millions euros
of funding**
from the Horizon
2020 programme



MyPeBS
Personalising
Breast Screening

Study Scheme

85,000 Women
2.5 years inclusion
4 year-follow-up





TOGETHER WE COULD
IMPROVE **BREAST** SCREENING

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



THE
ASSOCIATION
OF EUROPEAN
CANCER
LEAGUES ROLE

COMMUNICATION
TO PUBLIC

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.

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



THANK YOU!

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