

European Code against Cancer Policy Framework

Outlining the supportive policy actions needed for the implementation of
the European Code against Cancer



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EXECUTIVE SUMMARY

According to the European Code against Cancer (ECAC) between 30-50% of all cancer cases are preventable if current knowledge about cancer prevention was put into practice. Despite longstanding awareness about what works in disease prevention, achieving effective prevention of cancer and other major diseases remains elusive for even those most well-resourced countries.

Whilst the ECAC is focused specifically on factors which individuals can address themselves to reduce their risk of cancer, the footnote of the current 4th edition of the ECAC notes:

The European Code Against Cancer focuses on actions that individual citizens can take to help prevent cancer. Successful cancer prevention requires these individual actions to be supported by governmental policies and actions.

With this context in mind, this brief document outlines the main governmental actions per message of the ECAC that can be considered to help individuals follow the recommendations of the ECAC. The policies and strategies are taken from authoritative sources at the International and European levels but can indeed be implemented locally and nationally as well as at a more global scale.

About ECL

The Association of European Cancer Leagues (ECL) is a non-profit, European umbrella organisation of national and regional cancer societies, currently representing 30 cancer leagues in 25 European countries. Our mission is to achieve a Europe free of cancer.



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INTRODUCTION

The global burden of cancer continues to exert a heavy toll. In 2018, an estimated 18.1 million people were diagnosed with cancer, and 9.6 million died from the disease (1). In the EU alone, every year 3.5 million people are informed of their personal cancer diagnosis, and 1.3 million people were lost to cancer (2). As a result, cancer is now the leading cause of death in many European countries (3). At present rates, these cancer burden at a global scale is projected to double by 2040 with 29.4 million annual cases projected (1).

Yet, despite this considerable burden, according to the European Code against Cancer (ECAC) between 30-50% of all cancer cases are preventable if current knowledge about cancer prevention was put into practice (4). Despite longstanding awareness about what works in disease prevention (5), achieving effective prevention of cancer and other major diseases remains elusive for even those most well-resourced countries (6), thus a renewed political commitment to prioritise prevention is required (7).

Evidence for the need for a greater political focus on cancer prevention can be found in the large variation of the cancer burden within and between Europe Union member states (8). This disparity is influenced by differences in the implementation of cancer prevention policies and screening programmes, exposure to modifiable risk factors, and lifestyle habits (9), which could be greatly improved by generating the political will to implement the prevention-oriented messages of the European Code against Cancer (10).

The growing cancer burden in Europe is exacerbated by persistent socioeconomic inequalities in health (11). Such inequalities impacts the most disadvantaged individuals, communities, and countries to produce a social gradient in the incidence, survival, and mortality of many cancers (12). In addition, Europe is facing an unprecedented ageing of the population (13), which combined with the rising costs of cancer treatments means that the healthcare budgets of even the best-resourced member states are being stretched to their limits (14). In this context, the economic case for investing in prevention is self-evident. It is estimated that the economic burden of cancer in the EU is €126 billion per year. Almost half of this burden is attributable to lost productivity and working days of cancer patients and their families (15). What's more, productivity loss is higher in central and eastern Europe (16), representing a double injustice for cancer patients and citizens of these countries.

This challenging combination of factors demonstrates that no country can afford to treat its way out of the cancer problem (17). Therefore, the case is clear for prioritising health promotion and cancer prevention as proven cost-effective measures to reduce both the risk of cancer and economic burden on national healthcare budgets (18).

THE CASE FOR POLICY ACTION

The cancer burden can be reduced by promoting changes in individual and population behaviours as long as these changes are driven by sound scientific knowledge, coupled with social and political commitment to change (16). Whilst the ECAC is focused specifically on factors which individuals can address themselves to reduce their risk of cancer, the footnote of the current 4th edition of the ECAC notes:

The European Code Against Cancer focuses on actions that individual citizens can take to help prevent cancer. Successful cancer prevention requires these individual actions to be supported by governmental policies and actions.

This statement clearly acknowledges the importance and centrality of policy action to cancer prevention. In several messages of the ECAC the policy dimension is highlighted - message 2 on smoke free workplaces and homes, message 8 on workplace exposure to carcinogens and messages 11 & 12 covering vaccination and screening programmes. Nevertheless, public policy is also crucial for all remaining messages of the ECAC in order to help individuals make the choices that protect their health and reduce cancer risk by providing an broader social, environmental and political context to enable cancer prevention.

In addition , it is essential to note that whilst the ECAC itself was designed to be specific to cancer, many of the established risk factors and protective strategies are shared with other common diseases. This means that successful prevention of cancer will provide co-benefits for reducing the impact on other major chronic diseases (7).

With this context in mind, this brief document outlines the main governmental actions per message of the ECAC that can be considered to help individuals follow the recommendations of the ECAC. The policies and strategies are taken from authoritative sources at the International and European levels but can indeed be implemented locally and nationally as well as at a more global scale.

The document is intended to be a reference for cancer leagues and health advocates more generally, encapsulating the many of the main options for policy action for each message of ECAC. Considering the development of **Europe's Beating Cancer Plan**, the tool has also been utilised to provide ECL's input to the consultation process for the Cancer Plan expected by the end of 2020.

Finally, the policy framework can also a valuable tool to use for advocating for impact in other chronic conditions and to help countries meet the objectives of the Sustainable Development Goals.

ECAC POLICY FRAMEWORK

#1 DO NOT SMOKE

DO NOT USE ANY FORM OF TOBACCO

Monitor tobacco use and prevention policies

- Develop and implement effective tobacco surveillance systems, reporting regularly on national smoking prevalence data for adults and youth.
- Monitoring system must use standardised and scientifically valid data collection and analysis practices.

Offer help to quit tobacco use

- Establish programmes that provide low-cost, effective interventions for tobacco users to stop.
- Easily accessible and free telephone help lines (known as quit lines) with follow up calls at regular intervals.
- Access to free or low-cost cessation medicines.
- Health-care systems should encourage all health professionals to routinely ask all patients about their tobacco use and provide advice to stop.

Warn about the dangers of tobacco

- Best practice warning labels, that comply with the Guidelines for implementing Article 11 of the WHO framework Convention on Tobacco Control (WHO FCTC), and TPD

Enforce bans on tobacco advertising, promotion and sponsorship

- A comprehensive ban on advertising, promotion and sponsorship: comprehensive bans on direct and indirect advertising, promotion and sponsorship protect people – particularly youth – from industry marketing tactics and can substantially reduce tobacco consumption
- Legislation should include bans on in-coming and out-going cross-border advertising, such as tobacco advertising on international television and Internet sites, and sponsorship of international sporting and cultural events.
- Bans should also cover promotional strategies such as price discounts and free product giveaways.

ECAC POLICY FRAMEWORK

#1 DO NOT SMOKE

DO NOT USE ANY FORM OF TOBACCO

Continued ...

Enforce bans on tobacco advertising, promotion and sponsorship

- Ban point of sale advertising and promotion
- Certain countries are beginning to require generic packaging of tobacco products. Requiring plain or generic packaging – without colour, pictures or distinctive typefaces, other than health warnings – can neutralise the value of individual brands.

Raise taxes on tobacco

- Governments should raise taxes periodically so that real prices increase faster than the combined effects of inflation and increased consumer purchasing power
- Taxes should be increased on the most commonly smoked and lowest-cost products to prevent product substitution with less expensive products.
- Affixing tax stamps to every package intended for retail sale and mandating pack warnings in local languages further reduce incentives for illicit trade
- Every country can increase its tobacco taxes to reduce smoking, raise funds for tobacco control policies and pay for other public health and social programmes.
- Elimination of all forms of illicit trade in tobacco products, including smuggling, illicit manufacturing and counterfeiting (see protocol)

Resources

- WHO Framework Convention on Tobacco Control - MPOWER - <https://www.who.int/tobacco/mpower/en/>
- Tobacco Products Directive (2014) - https://ec.europa.eu/health/tobacco/products/revision_en
- WHO Tobacco Free Initiative (TFI): <http://www.who.int/tobacco/surveillance/survey/en/>
- GYTS: http://www.who.int/tobacco/surveillance/survey/gyts/country_reports/en
- GATS: <http://www.who.int/tobacco/surveillance/survey/gats/en/>
- WHO STEPS Country Reports: <http://www.who.int/chp/steps/reports/en/>

ECAC POLICY FRAMEWORK

#2 MAKE YOUR HOME SMOKE FREE

*SUPPORT SMOKE-FREE POLICIES IN YOUR
WORKPLACE*

Protect people from tobacco smoke

- Measures, providing for protection from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.
- Smoke-free legislation should be clearly written and comprehensive. There should be no exemptions and there should be clear responsibility for enforcement.
- Make restaurants and bars smoke-free.
- Smoke free private vehicles in presence of children.

Resources

- WHO Framework Convention on Tobacco Control - MPOWER - <https://www.who.int/tobacco/mpower/en/>
- Council Recommendation on smoke-free environments (2009) - https://ec.europa.eu/health/tobacco/smoke-free_environments_en/
- WHO Global Health Observatory (GHO) data second-hand smoke - https://www.who.int/gho/phe/secondhand_smoke/en/

ECAC POLICY FRAMEWORK

#3 TAKE ACTION TO BE A HEALTHY BODY WEIGHT

Labelling and advertising of food and beverages

- Enforce rules on nutrient claims and health claims on packaged food.
- Calorie and nutrient labelling on menus and displays in out of-home venues.
- Restrictions to all forms of food and drink marketing to children, including advertising, promotion and sponsorship.
- Restrictions of all forms of food and drink marketing in schools, including advertising, promotion and sponsorship.

Sales restrictions of unhealthy foods

- Prohibit vending machines selling food and drink on school property.
- Prohibit sale of energy-dense and nutrient-poor foods including fast food and soda on school premises and within 200 metres of schools.

Fiscal measures

- Health-related taxes, e.g. sugar sweetened, beverages, unhealthy foods.
- Targeted subsidies for healthy food.
- Incentives to support agricultural systems change.

Standards for food and beverages

- Nutrition standards for food and drink available in workplaces, health facilities and public institutions.

Resources

- World Cancer Research Fund - DRIVING ACTION TO PREVENT CANCER AND OTHER NON-COMMUNICABLE DISEASES: <https://www.wcrf.org/sites/default/files/driving-action.pdf>
- WHO - population approaches to childhood obesity prevention
- https://apps.who.int/iris/bitstream/handle/10665/80149/9789241504782_eng.pdf?sequence=1

ECAC POLICY FRAMEWORK

#4 BE PHYSICALLY ACTIVE IN EVERYDAY LIFE

LIMIT THE TIME YOU SPEND SITTING

Environmental and infrastructure measures

- Prompts and cues in the environment to promote movement (e.g. signage to encourage stair use, signage for parks).
- Develop and implement school design guidelines that ensure adequate provision of accessible and safe environments for children to be physically active (e.g. play areas, recreational spaces), reduce sitting (e.g. activity permissive classrooms) and support walking and cycling to and from educational institutions.
- Parking and public transport policies that encourage active transport.
- Infrastructure that facilitates activity by providing appropriate end of trip facilities (e.g. showers, bike racks).
- Ensure that macro-level urban design incorporates the core elements of residential density, connected street networks that include sidewalks, easy access to a diversity of destinations and access to public transport

Fiscal measures

- Incentives, tax deductions and targeted subsidies to support participation in physical activity (e.g. expand access to recreation facilities).
- Tax incentives to encourage workplaces to implement active travel policies for staff to use alternative forms of transport.
- Congestion charges and fuel levies.

Community level action

- Implement community wide public education and awareness campaign for physical activity which includes a mass media campaign combined with other community based education, motivational and environmental programmes aimed at supporting behavioural change of physical activity levels
- Provide physical activity counselling and referral as part of routine primary health care services through the use of a brief intervention.

Resources

- WHO - Global recommendations on physical activity for health - https://www.who.int/dietphysicalactivity/factsheet_recommendations/en/

ECAC POLICY FRAMEWORK

#5 HAVE A HEALTHY DIET

*EAT PLENTY OF WHOLE GRAINS, PULSES, VEGETABLES AND FRUITS.
LIMIT HIGH-CALORIE FOODS (FOODS HIGH IN SUGAR OR FAT) AND AVOID SUGARY DRINKS.
AVOID PROCESSED MEAT; LIMIT RED MEAT AND FOODS HIGH IN SALT.*

Reformulating food products and addressing supply issues

- Reformulate food products to contain less salt and the setting of target levels for the amount of salt in foods and meals.
- Eliminate industrial trans-fats through the development of legislation to prohibit their use in the food chain.
- Place limits on the availability of high-fat meat products

Improving communication of healthy diets

- Implement nutrition labelling to reduce total energy intake (kcal), sugars, sodium and fats.
- Development and communication of food-based dietary guidelines.
- Implement nutrition education and counselling in different settings (for example, in preschools, schools, workplaces and hospitals) to increase the intake of fruits and vegetables

Fiscal measures

- Reduce sugar consumption through effective taxation on sugar-sweetened beverages Implement subsidies to increase the intake of fruits and vegetables
- Provide incentives to increase fibre and wholegrain content of food products in overall food supply
- Implement measures to increase the sustainability of food production privileging fresh local food products.

Resources

- WCRF - <https://www.wcrf.org/dietandcancer>
- WHO - <https://www.who.int/news-room/fact-sheets/detail/healthy-diet>

ECAC POLICY FRAMEWORK

#6 IF YOU DRINK ALCOHOL OF ANY TYPE, LIMIT YOUR INTAKE

NOT DRINKING ALCOHOL IS BETTER FOR CANCER PREVENTION

Alcohol labelling

- Labels describing alcohol content, calories, ingredients and serving sizes
- Prominent, clearly worded warning labels on drinks to indicate alcohol-related harm.

Marketing and advertising

- Ban or implement restrictions on alcohol marketing and advertising across all types of media and sponsorship, particularly marketing that reaches large numbers of youth and other vulnerable populations
- Restrictions on alcohol promotion in educational buildings, workplaces and health facilities

Spatial restrictions

- Restrictions on alcohol consumption in educational buildings, workplaces and health facilities
- Restrictions on drinking in public spaces and days and hours of sale of alcohol
- Restrictions on density of on-premise and off-premise alcohol outlets and integration of public health considerations into relevant planning laws

Fiscal measures and reformulation

- Excise taxes on alcoholic drinks, graduated by volume of ethanol that are reviewed regularly
- Minimum pricing for alcoholic drinks sold in retail establishments and licensed premises
- Limits on the amount of alcohol in products (e.g. ready drinks, beer, wine)
- Limits on additives to alcoholic drinks, such as stimulants like caffeine and taurine

Resources

- WHO - SAFER initiative - https://www.who.int/substance_abuse/safer/en/

ECAC POLICY FRAMEWORK

#7 AVOID TOO MUCH SUN, ESPECIALLY FOR CHILDREN

USE SUN PROTECTION. DO NOT USE SUNBEDS

Protection from sun exposure

- Encourage sun safety employers to provide sun protection at the workplace when possible. This includes wearing protective clothing; sunglasses; and hats that shade the face, ears, and back of the neck and using broad spectrum sunscreen with an SPF of 15 or higher.
- Modify the work site by: Increasing the amount of shade available with tents, shelters, and cooling stations; Decreasing UV reflection by covering bright or shiny surfaces.
- Encourage more shaded areas in educational and childcare establishments, either through planting of trees, or building of shade structures.

Protection from artificial tanning devices

- Ban all sunbed use as the most effective course of action - if unfeasible - consider the following options:
- Banning the hire and sale of sunbeds for domestic use;
- Restricting access to sunbeds for minors setting a suitable age-specific limit of at least 18 years old;
- Preventing use of sunbeds by high-risk individuals;
- Prohibit unsupervised access to sunbeds;
- Implement mandatory pictorial warning labels on the sunbed devices, stating 'sunbeds cause cancer: even infrequent usage will increase your risk of skin cancer';
- Prohibit references to any supposed health benefits associated with using artificial tanning devices;
- Increase market surveillance of sunbeds with strict enforcement protocols in compliance with age requirements on sunbed use and radiation limits.

Resources

- WHO artificial tanning device guidance
- <https://apps.who.int/iris/bitstream/handle/10665/255695/9789241512596-eng.pdf?sequence=1>

ECAC POLICY FRAMEWORK

#8 IN THE WORKPLACE, PROTECT YOURSELF AGAINST CANCER-CAUSING SUBSTANCES

BY FOLLOWING HEALTH AND SAFETY INSTRUCTIONS

Data collection, coverage and availability

- Set up a comprehensive national register for all countries, enabling data collection on carcinogen exposure (and possibly other chemical agents of high concern).
- Cover temporary and subcontracted workers, and maintenance workers in health and safety guidance.
- Collect data in a gender sensitive way, by considering equally sectors where men and women work and their typical exposures.

Protection measures

- Banning carcinogenic substances or practices and replacing them with less hazardous alternatives is potentially the most effective way to eliminate occupational cancers.
- Ensure full implementation of EU Directive on carcinogens or mutagens in the workplace and keep pace with the regular update and revisions of the Directive.
- Implement the Globally Harmonised System of Classification and Labelling of Chemicals (GHS) for occupational and environmental hazardous substances.
- Ensure employers assess the risk of exposure to carcinogens and set preventive measure to take account of all possible means of exposure – including skin-related exposure, and the storage of chemicals and waste.
- Ensure employers provide proper on-site hygiene such as protective equipment and washing facilities.
- Provide training measures for workers on using control measures and raising awareness of invisible risks.

Resources

- Occupational Health & Safety Authority - OSHA - <https://osha.europa.eu/en/>
- European Commission - DG Employment - <https://ec.europa.eu/social/main.jsp?catId=148&langId=en>
- European Trade Union Institute - ETUI - <https://www.etui.org/Publications2/Books/Cancer-and-work-understanding-occupational-cancers-and-taking-action-to-eliminate-them>

ECAC POLICY FRAMEWORK

#9

FIND OUT IF YOU ARE EXPOSED TO NATURALLY HIGH RADON LEVELS IN YOUR HOME

TAKE ACTION TO REDUCE HIGH RADON LEVELS

Implement international guidance and standards on Radon exposure

- Provide information on levels of radon indoors and the associated health risks.
- Implement a national radon programme aimed at reducing both the overall population risk and the individual risk for people living with high radon concentrations.
- Establish a national annual average concentration reference level of 100 Bq/m³, but if this level cannot be reached under the prevailing country-specific conditions, the reference level should not exceed 300 Bq/m³.
- Implement radon prevention in building codes to reduce radon levels in homes under construction, and radon programmes to ensure that the levels are below national reference levels.
- Develop radon measurement protocols to help ensure quality and consistency in radon testing.

Resources

- WHO - Radon information section - <https://www.who.int/news-room/fact-sheets/detail/radon-and-health>
- WHO Handbook on Indoor Radon
- https://www.ncbi.nlm.nih.gov/books/NBK143216/pdf/Bookshelf_NBK143216.pdf

ECAC POLICY FRAMEWORK

#10

FOR WOMEN: IF YOU CAN, BREASTFEED YOUR BABY

LIMIT USE OF HORMONE REPLACEMENT THERAPIES (HRT)

Promote and support exclusive breastfeeding for the first 6 months of life, including promotion of breastfeeding

- Implement maternity protection legislation, including mandatory paid maternity leave.
- Implement policies that encourage and support women to breastfeed in the workplace and in public (e.g. lactation rooms, and nursing breaks).
- Prohibit inappropriate marketing of baby feeding products in line with the International Code of Marketing of Breast Milk Substitutes.
- Add labels on breast milk substitutes on: the appropriate use of the product, so as not to discourage breastfeeding; include a statement of the superiority of breastfeeding; warn consumers that use can reduce breastfeeding, which has been linked to increased risk of cardiovascular disease and certain types of cancers in women
- Implement plain packaging with no marketing claims on substitutes.
- Provide nursing stations in public facilities such as airports, train stations, parks, etc.
- Invest in training and capacity building for health workers in breastfeeding protection, promotion and support Integrate infant and young child feeding into curricula for all first-level health worker
- Support public health nurse or midwife home visits soon after birth to promote, protect and support breastfeeding

Advise on use of Hormone Replacement Therapy (HRT)

- Prescribers of HRT should discuss the updated total risk with women using HRT at their next routine appointment.

Resources

- WCRF - <https://www.wcrf.org/dietandcancer/recommendations/breastfeed-your-baby>
- WHO - https://www.who.int/health-topics/breastfeeding#tab=tab_1
- WHO - <https://apps.who.int/medicinedocs/en/d/Js5407e/3.2.html>

ECAC POLICY FRAMEWORK

#11 ENSURE YOUR CHILDREN TAKE PART IN VACCINATION PROGRAMMES FOR HEPATITIS B AND HPV

Follow WHO recommendation for HPV vaccination

FEMALES:

- **HPV vaccines should be introduced as part of a coordinated strategy to prevent cervical cancer.**
- Recommended target population for the prevention of cervical cancer: females aged 9–14 years, prior to becoming sexually active.
- A 2-dose schedule with a 6-month interval between doses is recommended for individuals receiving the first dose before 15 years of age is recommended: 2 doses / Target group 9 – 14 years old girls are recommended; 3 doses / Target group >14 years old girls.
- Those aged ≥ 15 years at the time of the second dose are also adequately covered by 2 doses. Considerations for pregnant women and HIV and immuno-compromised.

MALES:

- **Males, along with females aged ≥ 15 years, are a secondary target population.**
- Vaccination is only to be considered if, under an assessment of the local context, it is feasible, affordable, cost-effective, and does not divert resources from vaccination of the primary target population or from effective cervical cancer screening programmes on a global scale.
- Special attention is required towards potential supply shortages on a global scale.

Follow WHO recommendation for Hepatitis B vaccination

- Hepatitis B (HBV) vaccination is recommended for all children worldwide. Reaching all children with at least 3 doses of hepatitis B vaccine should be the standard for all national immunisation programmes.
- 3-4 doses children. 3 doses for high risk groups if not previously immunised.
- For catch-up of unvaccinated individuals, priority should be given to younger age groups since the risk of chronic infection is highest in these cohorts.
- Vaccination of groups at highest risk of acquiring HBV is recommended.

Resources

- ECDC - HPV - <https://www.ecdc.europa.eu/en/human-papillomavirus>
- ECDC - Hepatitis B and C - <https://www.ecdc.europa.eu/en/publications-data/public-health-guidance-hiv-hepatitis-b-and-c-testing-eueea>
- WHO - https://www.who.int/immunization/policy/immunization_tables/en/
- IARC monograph - <https://monographs.iarc.fr/wp-content/uploads/2018/06/mono100B-11.pdf>

ECAC POLICY FRAMEWORK

#12 TAKE PART IN ORGANISED CANCER SCREENING PROGRAMMES FOR BREAST, CERVICAL AND COLORECTAL CANCER

Implement quality assured organised screening for breast cancer

- In well-resourced settings, implement organised, population-based mammography screening programmes for women aged 50–69 years if the conditions for implementing an organised programme specified by international guidelines are met by the health-care system, and if informed decision-making strategies are implemented so that women's decisions are consistent with their values and preferences.
- A screening interval of two years is recommended in most circumstances
- Countries with established programmes and resources may consider age extension beyond 69 to 74; and under 50 to 45 following the conditionality of the new EU breast screening guidelines.

Implement quality assured organised screening for cervical cancer

- Recommended age to start screening is women 30 years of age and older because of their higher risk of cervical cancer.
- Define appropriate screening policies following the introduction of HPV vaccine in immunisation programs.
- Adopt HPV-based cervical cancer screening with appropriate interval and age range.
- Adopt appropriate management strategies for screen-positive women.

Implement quality assured organised screening for colorectal cancer

- Screening with fecal occult blood test in men and women aged 50–74 years
- FIT for age 50–74 once every 2 years or flexible sigmoidoscopy once in a lifetime for colorectal cancer screening

Resources

- WHO position paper on mammography screening - https://www.who.int/cancer/publications/mammography_screening/en/
- New European Guidelines on Breast Cancer Screening - <https://healthcare-quality.jrc.ec.europa.eu/european-breast-cancer-guidelines>
- European guidelines for quality assurance in cervical cancer screening. Summary of the supplements on HPV screening and vaccination - <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5886856/>
- The IARC Perspective on Colorectal Cancer Screening - <https://www.nejm.org/doi/full/10.1056/NEJMSr1714643>

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Contact

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For more information, please contact David Ritchie, Cancer Prevention Manager at ECL david@europeancancerleagues.org.