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

Institutul National de Sanatate Publica

> str. Dr. Leonte, nr. 1-3, sector 5. Bucuresti, 050643

Bucharest, Romania

6-7 May 2019



Co-organised by the Association of European Cancer Leagues (ECL), CPO Piemonte and IARC



Table of Contents

DAY 1

WELCOME PRESENTATIONS	3
ALEXANDRA CUCU - ROMANIAN INSTITUTE OF PUBLIC HEALTH	3
DAVID RITCHIE - ASSOCIATION OF EUROPEAN CANCER LEAGUES	3
INVESTING IN PREVENTION AND HEALTH PROMOTION	3
ECAC OVERVIEW: METHODS, STRUCTURE AND MESSAGES (PAOLA ARMAROLI AND NEREO SEGNAN)	3
INVOLVEMENT OF CIVIL SOCIETY FOR THE DISSEMINATION OF ECAC: RETE PER LA PREVENZIONE PIEMONTE	
(CRISTIANO PICCINELLI)	4
THE BURDEN OF CANCER AND DALY FRACTION ATTRIBUTABLE TO BEHAVIOURAL RISK (NEREO SEGNAN)	4
INVOLVEMENT OF CIVIL SOCIETY FOR THE DISSEMINATION OF ECAC IN PROMOTING ORGANISED SCREENING	
PROGRAMME	5
EMBEDDING HEALTH PROMOTION - PRIMARY PREVENTION INTO ORGANISED SCREENING	<u>ì</u>
PROGRAMMES	5
HOW TO EMBED HEALTH PROMOTION - PRIMARY PREVENTION INTO ORGANISED SCREENING PROGRAMMES?	
(André Carvalho)	5
EXPERIENCE OF HEALTH PROMOTION - PRIMARY PREVENTION INTERVENTION INTO ORGANISED SCREENING	
PROGRAMME (LIVIA GIORDANO)	5
SMALL WORKING GROUP DISCUSSIONS (ALL PARTICIPANTS)	6
DAY 2	
MAKING HEALTHY CHOICES: EVIDENCE AND COST-EFFICACY	7
EVIDENCE ON CANCER SCREENING IN THE ECAC (PAOLA ARMAROLI)	7
PRIORITIES OF PREVENTION INTERVENTION IN CANCER SCREENING PROGRAMME (CRISTIANO PICCINELLI)	7
LUNG CANCER SCREENING AND SMOKING CESSATION INTERVENTIONS (GIUSEPPE GORINI)	7
ECAC DISSEMINATION INTO ORGANISED SCREENING PROGRAMMES: POTENTIAL METHOD	<u>)S</u>
AND APPROACHES TO MEASURE THE IMPACT	7
REVIEW OF PREVENTION INTERVENTIONS INTO CANCER SCREENING PROGRAMME (CARLO SENORE)	7
HOW TO MEASURE THE IMPACT OF PREVENTION INTERVENTIONS INTO CANCER SCREENING PROGRAMME (AN	1DRÉ
Carvalho)	8
ECIBC European Guidelines for breast cancer screening and diagnosis (Luciana Neamtiu)	8
SMALL WORKING GROUP DISCUSSIONS (ALL PARTICIPANTS)	8
CONCLUSIONS	9
Key messages	9
ANNEX 1. PARTICIPANT LIST	11
ANNEX 2. MEETING AGENDA	13

DAY 1

Welcome presentations

Romanian Institute of Public Health (Alexandra Cucu)

Alexandra Cucu (AC) introduced the public health situation in Romania and its national health strategy 2014-2020. Romania stands as the third country in Europe most affected by breast and prostate cancer with a total of 20% of the mortality in the country due to cancer. The most relevant public health interventions in the country were presented, including Romania's health status and determinants surveillance, health promotion school-oriented interventions and screening for risk factors, as well as the campaigns which are conducted in Romania parallel to the European awareness campaigns.

Association of European Cancer Leagues (David Ritchie)

David Ritchie (DR) presented the <u>Association of European Cancer Leagues</u> (ECL), the organisation vision and mission, which is embedded within ECL strategy 2019-21. DR presented the European Code Against Cancer (ECAC) and the newly established collaboration with CPO to promote cancer screening programmes in Europe.

Investing in prevention and health promotion

ECAC overview: methods, structure and messages (Paola Armaroli and Nereo Segnan)

Nereo Segnan (NS) presented the rationale behind the ECAC as well as the process through which the fourth edition of the code was developed. The three levels of information were revised and visualised in the <u>ECAC website</u>: the code itself with 12 messages (level 1), a questions and answers section (level 2) and the scientific justification (level 3). Especially important is the <u>metanalysis for cancer screening</u>. NS proceed to delve into the burden of cancer in Europe.

Paola Armaroli (PA) proceeded to focus on the method behind the ECAC development, which basis lied in 4 principles: suitable for a broad target audience, actions that can be taken at an individual level, clearly and succinctly communicable messages, and sufficient scientific evidence available. All evidence gathered was looking into causality and effectiveness related to cancer, including two kinds of evidence: on causes and risks for cancer and on medical interventions. The authoritative sources (IARC monographs and WCRF CUP) were explained, as they are built upon similar methodologies. Also, WHO position papers and the latest scientific

evidence was reviewed using PICOS model. Such well-established procedure could be easily replicated to update the ECAC and extend it to other regions worldwide, such as Latin America.

Carlo Senore (CS) closed the session with remarks towards extending the ECAC recommendations not only to individual level, but population level towards governments and other stakeholders.

Involvement of civil society for the dissemination of ECAC: Rete per la Prevenzione Piemonte (Cristiano Piccinelli)

Cristiano Piccinelli (CP) presented the Prevention Network "Rete per la Prevenzione", established in the Piedmont region and initially launched with the support of ECL. The regional media campaign "PREVENILL" was presented, as well as the uptake from the different NGO constituting the network. Other methods used to promote the ECAC were explained, such as cooking classes, lectures and seminars. The results of the ECAC evaluation process that ECL conducted with the network were presenting, including the code strengths and challenges. Finally, future steps of the network were explained, including its extension to the Lazio region and the involvement of municipalities and profit partners.

During the discussion, participants elaborated on the importance of having a coherent message towards population, with all NGOs focus aligned and focusing only on evidence-based interventions. Carmen Ungurean (CU) proposed to launch a similar network in Romania, beginning with the NGOs present at the meeting.

The burden of cancer and DALY fraction attributable to behavioural risk (Nereo Segnan)

NS presented the 3 core strategies towards cancer elimination: prevention, early detection and treatment. Important remarks on the fact that primary and secondary prevention interventions target the same individual but also prevent other chronic diseases were made. The concept of Disability Adjusted Life Years (DALY) was explained as a measure to understand cancer burden, (measure available at IHME website) and its importance when planning prevention interventions.

NS moved forward to present the screening setting as a teachable moment, elaborating on data available in the Piedmont region. Evidence on the potential impact of colorectal cancer screening and behavioural change actions coverage was reviewed, alone and combined, remarking its complimentary effects. Its relation to the preventable fraction of DALYs was visualised in different graphics.

Involvement of civil society for the dissemination of ECAC in promoting organised screening programme

Four participants presented their organisation's role promoting the ECAC alongside with screening programmes, including: Croatia (Neda Ferencic Vrban); Denmark (Janne Villemoes Bigaard); Italy (Angelica Mercandino); and Switzerland (Guido Biscontin).

Embedding health promotion - primary prevention into organised screening programmes

How to embed health promotion - primary prevention into organised screening programmes? (André Carvalho)

André Carvalho (ACA) presented the difference between screening and early diagnosis, and how can screening setting can be a teachable moment. Given that the model "one size fits all" cannot apply to this situation, his presentation focused on the priority setting and models for risk prevention according to the World Health Organisation (WHO). A step-by-step process on how to implement such interventions was presented. How cancer prevention measures are embedded within the non-communicable diseases (NCDs) 2025 WHO action plan was explained. ACA moved on to present a <u>pilot study on early detection of NCDs by community healthcare workers in India</u>.

Finally, he concluded remarking the possibility of implementing cancer prevention activities/ awareness (ECAC and screening) into NCD awareness/screening programmes, and conversely the need to raise cancer screening awareness through organised cancer screening programmes.

Experience of health promotion - primary prevention intervention into organised screening programme (Livia Giordano)

Livia Giordano (LG) started revising WCRF recommendations "<u>Our Cancer Prevention</u> <u>Recommendations</u>" and the importance of embedding all strategies towards cancer control (prevention, early detection and treatment). The <u>EU Cancer Screening report</u> was reviewed, remarking that over 25 million people attends cancer screening programmes yearly.

Such setting is a "teachable moment", as it is too pregnancy visits among others. As examples, the <u>SPRINT study</u> (a joint programme of cervical cancer screening and tobacco cessation) and the <u>STI.VI study</u> (a joint programme of breast cancer or colorectal cancer screening with messages related to diet and physical activity) were presented.

The SMART project focusing on women embedding diet, physical activity and tobacco cessation into cervical and breast cancer screening projects was explained. Finally, the

<u>FUCSAM study</u>, conveying prevention messages to breast and colorectal cancer patients, was presented.

Small working group discussions (all participants)

Participants were split into 5 small working groups to discuss, according to the previous sessions in the day, the following questions:

- What kind of intervention would you propose, aligned with the ECAC?
 - According to the prevention priorities in your country?
 - Opending on the screening target population?
- How would you involve the targeted person?
- How would you organize the intervention?

The groups continued to build upon these questions on day 2.

DAY 2

Making healthy choices: evidence and cost-efficacy

Evidence on cancer screening in the ECAC (Paola Armaroli)

PA presented the evidence behind message 12 in the ECAC, stating: "Take part in organised cancer screening programmes for: 1) Colorectal cancer (men and women), 2) Breast cancer (women), 3) Cervical cancer (women). The concept of an organized screening programme was explained, as well as the effectiveness, age range and interval, potential harms as well as principles behind every screening programme. All the data is available in the metanalysis for cancer screening.

Priorities of prevention intervention in cancer screening programme (Cristiano Piccinelli)

The prevention lab established in Piemonte back in 2016 was presented. The Piedmont experience and its method on establishing priorities in cancer prevention was comprehensively reviewed, with its focus on tobacco, physical activity and diet, as well as its theoretical models on how to calculate the estimate benefits of from different interventions. It is essential to choose prevention or health promotion interventions, consistent with ECAC, based on their cost of implementation and their impact on health.

Lung Cancer Screening and Smoking Cessation Interventions (Giuseppe Gorini)

GG introduced the session with a brief summary of trials on lung cancer screening with low-dose CT, focusing on the issue of combining lung cancer screening with tobacco control policies and its latest published evidence. The fact that integrating smoking cessation enhances cost-effectiveness of lung cancer screening was discussed, looking into the Cancer Care Ontario's Lung Cancer Screening Pilot for People at High Risk. Finally, its applicability into Europe's setting feasibility lead to final conclusions.

ECAC dissemination into organised screening programmes: potential methods and approaches to measure the impact

Review of prevention interventions into cancer screening programme (Carlo Senore)

CS presented the evidence behind integrating primary care prevention into screening programmes. Two types of interventions where considered: low-intensity minimal contact interventions, compared to intensive counselling. Evidence from the <u>BeWEL study</u> in the UK, the <u>DAMA trial</u> in Florence and <u>ActWell study</u> in Scotland were reviewed. Open issues and

limitations of this studies were discussed, including the need to ensure equity of access to screening programmes and therefore behavioural interventions.

How to measure the impact of prevention interventions into cancer screening programme (André Carvalho)

ACA presented the principles behind <u>Cancer Prevention Europe</u>, a network recently launched by the International Agency for Research on Cancer (IARC). He moved on to present data on different strategies evaluation aiming at cancer control, which prove that investing in cancer prevention is responsible for a bigger part of the cancer-related mortality decreased when compared to treatment strategies.

The <u>WHO call for cervical cancer elimination</u> was presented alongside with the data that supports the proposed strategy by WHO. Other campaigns, such as on melanoma early-diagnosis, were discussed. The launch of IARC's CanScreen5 platform was announced, which will soon be available online.

ECIBC European Guidelines for breast cancer screening and diagnosis (Luciana Neamtiu)

Lucian Neamtiu presented the Joint Research Centre and its <u>European Commission Initiative</u> on <u>Breast Cancer</u> (ECIBC) project rationale, aims and structure. The <u>European Breast Guidelines</u> were explained and discussed, as well as the screening services quality assurance system in development.

Small working group discussions (all participants)

Participants were split into the same 5 small working groups to discuss, according to the previous sessions in the day, the following question: "What kind of evaluation and follow-up of the interventions would you establish?". Group discussion summary documents can be found in the following link.

Conclusions

Following two days of intensive discussion, workshop participants concluded:

- Current evidence regarding the health benefits of integrating primary prevention into screening programmes is encouraging. Primary prevention interventions implemented in the cancer screening setting, aiming to promote the adoption of healthier lifestyle, are well accepted and may favour behavioural change;
- Embedding primary prevention interventions into the screening setting can act as a
 positive counterpoint to the "certificate of health" effect that can occur within
 screening participation;
- Aligning the practical implementation of primary and secondary prevention programmes can encourage greater interdisciplinary working and may provide training and educational opportunities for the screening workforce.

For the next steps to be taken to move this issue forward, participants noted the following key messages:

- As a key research priority, national and European policymakers should support the development of pilot projects aimed to assess organisational impact, sustainability and long-term effect of these interventions;
- It is essential that all interventions are cost-effective and consistent with the recommendations of the 4th edition of the European Code against Cancer;
- When implementing screening programmes, national and regional screening programme managers should assess the opportunity to directly introduce services related to primary prevention themes, as laid out in ECAC;
- At national and regional level, developing networks involving NGOs, clinical and primary care services may represent an effective approach to achieve integration of primary and secondary cancer prevention;
- The EU Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases represents a suitable platform to gather examples of research and practice, valorise results and spread best practice internationally. The

steering group should consider how it can support the direct introduction of primary prevention services into screening programmes.

The outcomes of the workshop will be followed up through close cooperation between ECL, CPO and IARC, and will include all interested stakeholders. Information will be regularly posted on the ECL website section dedicated to cancer screening, which will be fully operational in September.

For any enquiries, please contact the ECL secretariat at ECL@europeancancerleagues.org.

ANNEXES

Annex 1. Participant List

Name	Organisation	Position	
Luciana Neamtiu	European Commission, Joint Research Centre	PhD, Project Officer	
Andre Lopes Carvalho	IARC So	Scientist	
Giuseppe Gorini	Oncologic network, Prevention and Research Institute (ISPRO)	Associate Professor of Public Health	
Livia Giordano	CPO Piemonte	Head of the Unit of Epidemiology/Screening at CPO Piemonte	
Cristiano Piccinelli	CPO Piemonte	Epidemiologist	
Carlo Senore	CPO Piemonte	Epidemiologist	
Paola Armaroli	CPO Piemonte	Epidemiologist	
Nereo Segnan	CPO Piemonte	Former Director for the Screening and Cancer Registry at CPO	
David Ritchie	Association of European Cancer Leagues	Senior Cancer Control Officer	
Meritxell Mallafré Larrosa	Association of European Cancer Leagues	Research Associate	
Adriana Melnic	Romanian Cancer Society	Executive Director	
Carmen Ungurean	National Institute of Public Health	Coordinator of cancer screening programmes	
Janne Villemoes Bigaard	Danish Cancer Society	Head of screening & vaccination, Dept. of Prevention and information	
Balázs Rozványi	Hungarian League Against Cancer	President	
Miri Ziv	Israel Cancer Association	Director General	
Guido Biscontin	Ligue suisse contre le cancer, Swiss Cancer League	Spécialiste dépistage, early detection specialist	
Mathijs Goossens	Stichting tegen Kanker (Foundation against Cancer Belgium)	Medical Spokesperson	
Inese Valdheima	"O fonds"	Board Chairperson	
Ana-Maria Petrica	FASMR Romania, ECL	ECL Youth Ambassador - Romania; FASMR General Delegate	

Neda Ferencic Vrban	Croatian League against cancer	Main secretary Executive Director	
Chris Kenny	Hamad Medical Corporation		
Angelica Mercandino	Fondo Edo Tempia	Communication and fundraising manager	
Adriana Paduos	Fondo Edo Tempia ONLUS	Medical Director	
Lucia Lotreanu	Medical University Cluj (UMF)	assistant professor in public health	
Daniela Cirnatu	District Public Health directorate Arad		
Raluca Plesca	Regional Institute of Oncology Iasi	Breast Cancer Screening Coordinator	
Alexandra Grosu	Regional Institute of Oncology Iasi	Cervical Cancer Screening-regional coordination team	
Iulia Tol	County Clinical Hospital Craiova	Cervical Cancer Screening-regional coordination team	
Adrian Pana	Center for Health Outcomes & Evalua	CEO	
Adina Paun	Filia Center	Member	
Gabriela Saulea	Federation of cancer patients Association	Program Coordinator	
Carmen Suraianu	Society for Sexual and Contraceptive Education SECS	Executive Director	
Lucian Ionita	Deci se poate		
Raluca Birzu	Gain Life Association/ Asociatia Cistiga Viata	CEO	
Alexandra Cucu	National Institute of Public Health	Director of National centre for health evaluation and health promotion	
Claudia Dima	National Institute of Public Health	Head of health promotion - National centre for health evaluation and health promotion	
Livia Cioran	National Institute of Public Health	Health promotion - National centre for health evaluation and health promotion	
Cristian Balan	National Institute of Public Health	Health promotion - tobacco cessation	
Mihaela Nastase	National Institute of Public Health	Head of health promotion - Regional Centre of Public Health Bucharest	
Mirela Banateanu	National Institute of Public Health	Coordinator - cervical cancer prevention campaign	
Veronica Zoicas	National Institute of Public Health	Head of public relation and communication	
Cora Pop	Ministry of Health	Senior advisor	

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FINAL AGENDA

08.30 – 17.30	Day 1	
08.30 - 09.00	Registration	
09.00 - 09.15	Welcome presentation	Institute of Public Health
09.15 - 09.30	Introduction and brief tour de table of participants	David Ritchie - ECL
09.30 – 11.00	Investing in prevention and health promotion part 1	
9.30 - 10.30	ECAC overview – methods, structure and messages	Paola Armaroli and Nereo Segnan - CPO
10.30 – 11.00	Involvement of civil society for the dissemination of ECAC: Rete per la Prevenzione Piemonte	Cristiano Piccinelli - CPO
11.00 – 11.30	Coffee-break	
11.30 – 13.00	Investing in prevention and health promotion part 2	
11.15 – 12.00	The burden of cancer and DALY fraction attributable to behavioural risk factors	Nereo Segnan -CPO
12.00 – 13.00	Involvement of civil society for the dissemination of ECAC in promoting organised screening programme (Message 12 of ECAC)	3 - 4 participants
13.00 – 14.00	Lunch	
14.00 – 17.00	Embedding health promotion / primary prevention into organised screening programmes	
14.00 – 14.45	How to embed health promotion / primary prevention into organised screening programmes?	André Carvalho - IARC
14.45 – 15.30	Experience of health promotion / primary prevention intervention into organised screening programme	Livia Giordano - CPO
15.30 – 17.00	Small working group discussions	Participants
17.00 – 17.30	Plenary discussion	











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09.00 – 17.00	Day 2	
09.00 - 11.00	Making healthy choices: evidence and cost-ef cacy	
09.00 - 09.40	Evidence on cancer screening in the ECAC	Paola Armaroli - CPO
09.40 - 10.20	Priorities of prevention intervention in cancer screening programme	Cristiano Piccinelli - CPO
10.20 – 11.00	Lung Cancer Screening and Smoking Cessation Interventions	Giuseppe Gorini - ISPRO
11.00 – 11.30	Coffee-break	
11.30 – 13.00	ECAC dissemination into organised screening programmes: potential methods and approaches to measure the impact	
11.15 – 12.00	Review of prevention interventions into cancer screening programme	Carlo Senore - CPO
12.00 – 12.45	How to measure the impact of prevention interventions into cancer screening programme	André Carvalho - IARC
12.45 – 13.00	ECIBC European Quidelines for breast cancer screening and diagnosis	Luciana Neamtiu - JRC
13.00 – 14.00	Lunch	
14.00 – 16.00	Hands-on workshop	
14.00 – 15.00	Small working group discussions	
15.00 – 16.00	Plenary discussion	
16.00 - 16.30	Closing remarks	









