



# ECL MEMBERS CANCER SCREENING SURVEY

DAVID RITCHIE & MERITXELL MALLAFRÉ-LARROSA

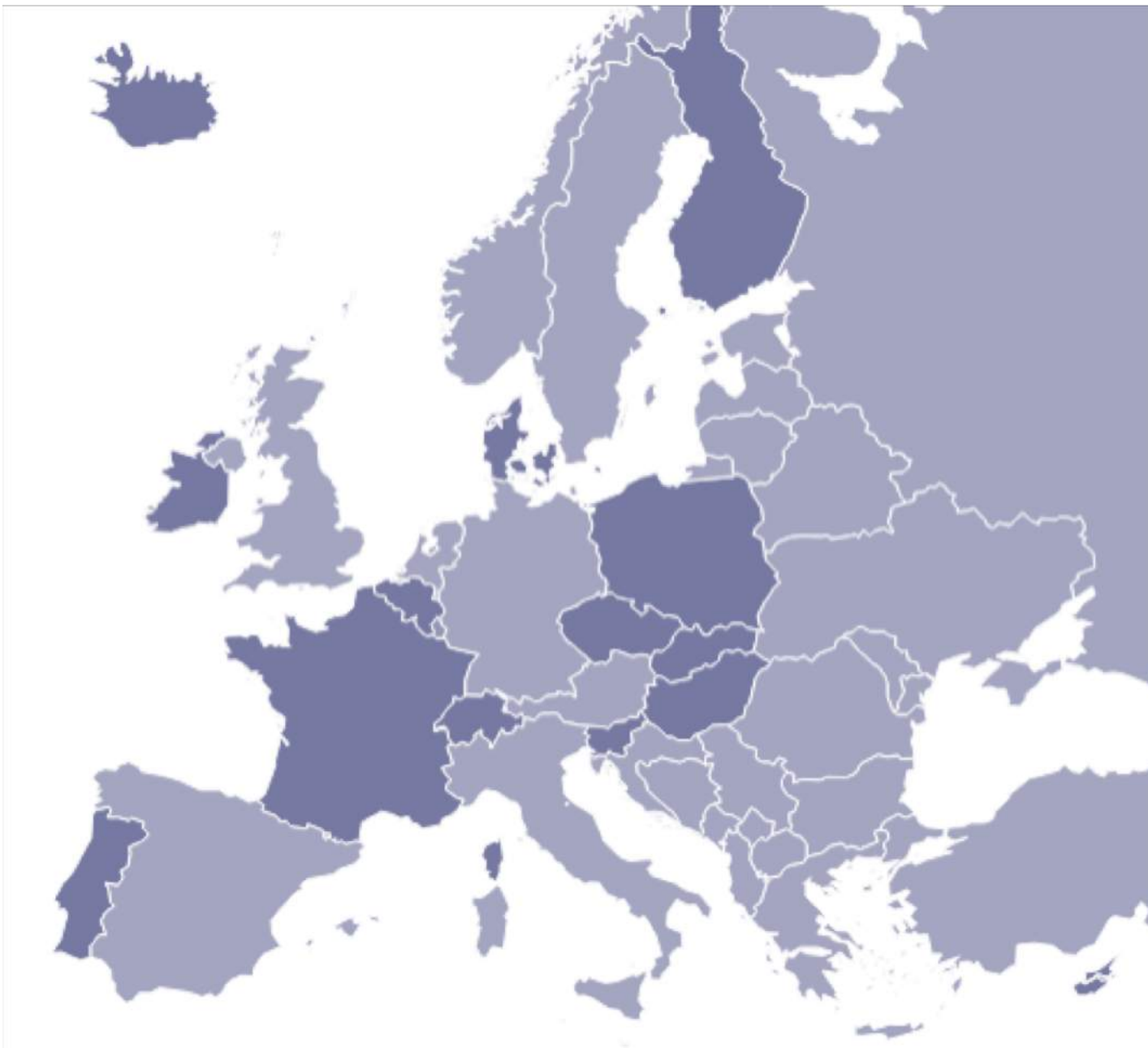
**ASSOCIATION OF EUROPEAN CANCER LEAGUES (ECL)**

# CANCER SCREENING SURVEY

**18** RESPONSES

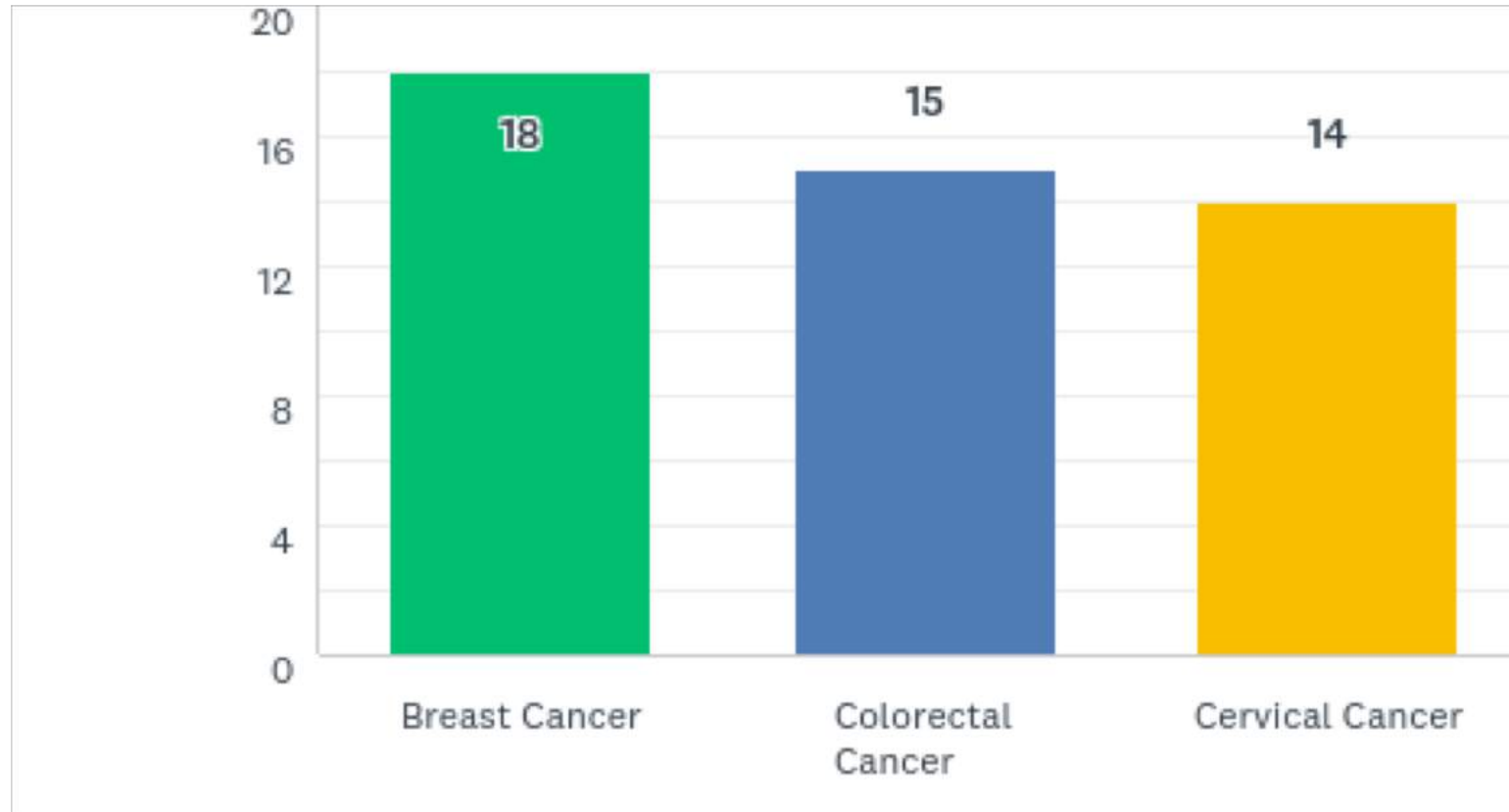
OUT OF 26 ECL MEMBERS  
CONTACTED

FEBRUARY – MARCH 2019



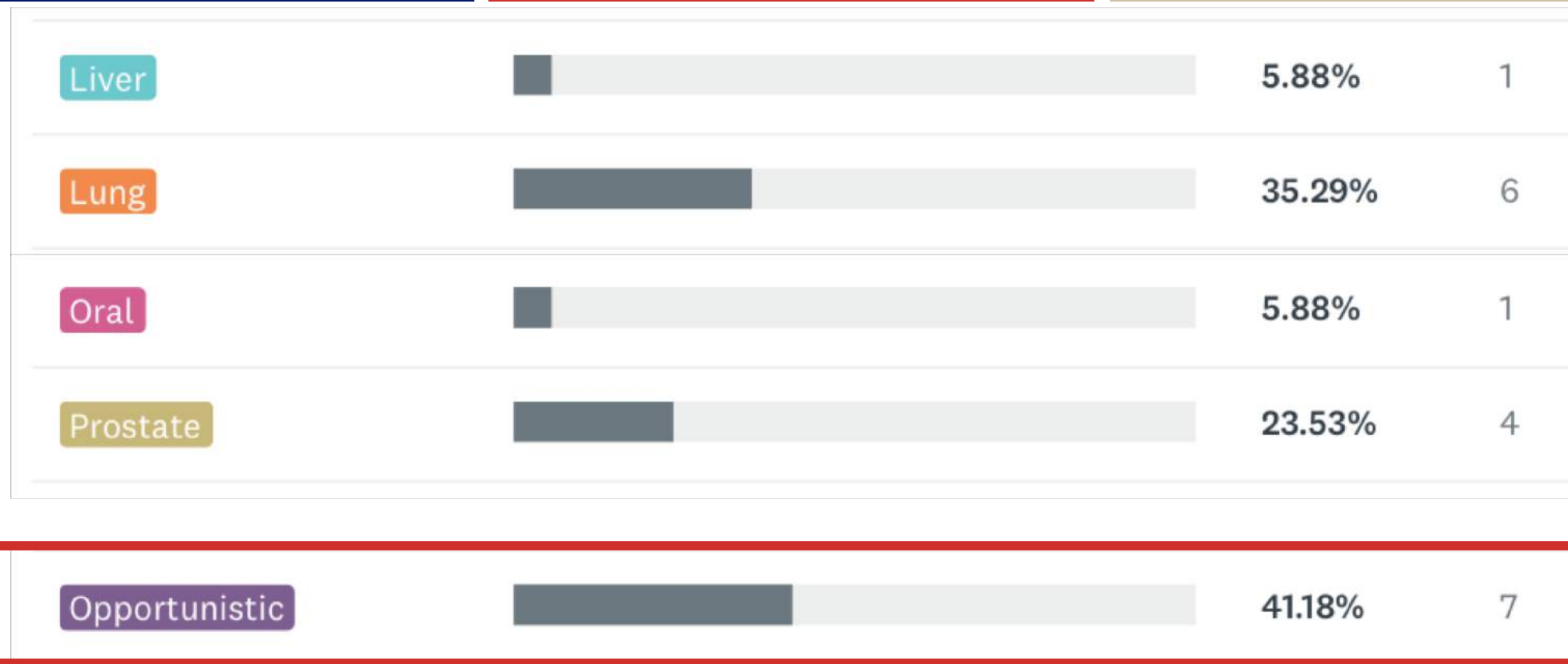
Country	Name	Contact person	Position	Email Address
Czech Republic	League Against Cancer Prague	Board of the League	Board of the League	lpr@lpr.cz
Luxembourg	Fondation Cancer	Thommes	Director	lucienne.thommes@cancer.lu
Belgium	Stichting tegen kanker	Mathijs Goossens	Spokesperson	mgoossens@stichtingtegenkanker.be
Ireland	Irish Cancer Society	Kevin O'Hagan	Cancer Prevention Manager	kohagan@irishcancer.ie
Cyprus	Cyprus Anticancer Society	Charalambos Charalambous	Chair Scientific Committee	haris.charalambous@bococ.org.cy
Portugal	Liga Portuguesa Contra o Cancro	Vitor Rodrigues	President	vrodriques@ligacontracancro.pt
Poland	Polish Cancer League	Marta Manczuk	Board Member	marta.manczuk@gmail.com
Denmark	Danish Cancer Society	Janne Villemoes Bigaard	Head of screening & vaccination in department of Prevention and information	bigaard@cancer.dk
Finland	Cancer Society of Finland	Tytti Sarkeala	Director of Screening, Mass Screening Registry	tytti.sarkeala@cancer.fi
Hungary	Hungarian League Against Cancer	Balázs Rozványi	President	rozvanyi.balazs@rakliga.hu
Switzerland	Swiss cancer league	Guido Biscontin	Early detection specialist	guido.biscontin@krebsliga.ch
France	Ligue National Contre le Cancer	Nathalie Clastres	prevention officer	nathalie.clastres@ligue-cancer.net
Slovakia	Slovak League against Cancer	Eva Siracka	President	siracka@lpr.sk
Belgium	Kom op tegen Kanker	Lore Pil	Expert cancer prevention	Lore.Pil@komoptegenkanker.be
Iceland	Icelandic Cancer Society	Ágúst Ingi Ágústsson	Medical Director	agust@krabb.is
Israel	Israel Cancer Association	Miri Ziv	Director General	miriziv@cancer.org.il
Cyprus	The Cyprus Association of Cancer Patients and Friends	Marina Kafourou-Cosma	Cancer Awareness Officer	marinak@pasykaf.org
Slovenia	Association of Slovenian Cancer Societies	Maja Primic Žakelj	President	mzakelj@onko-i.si

## RESPONDENTS DATA



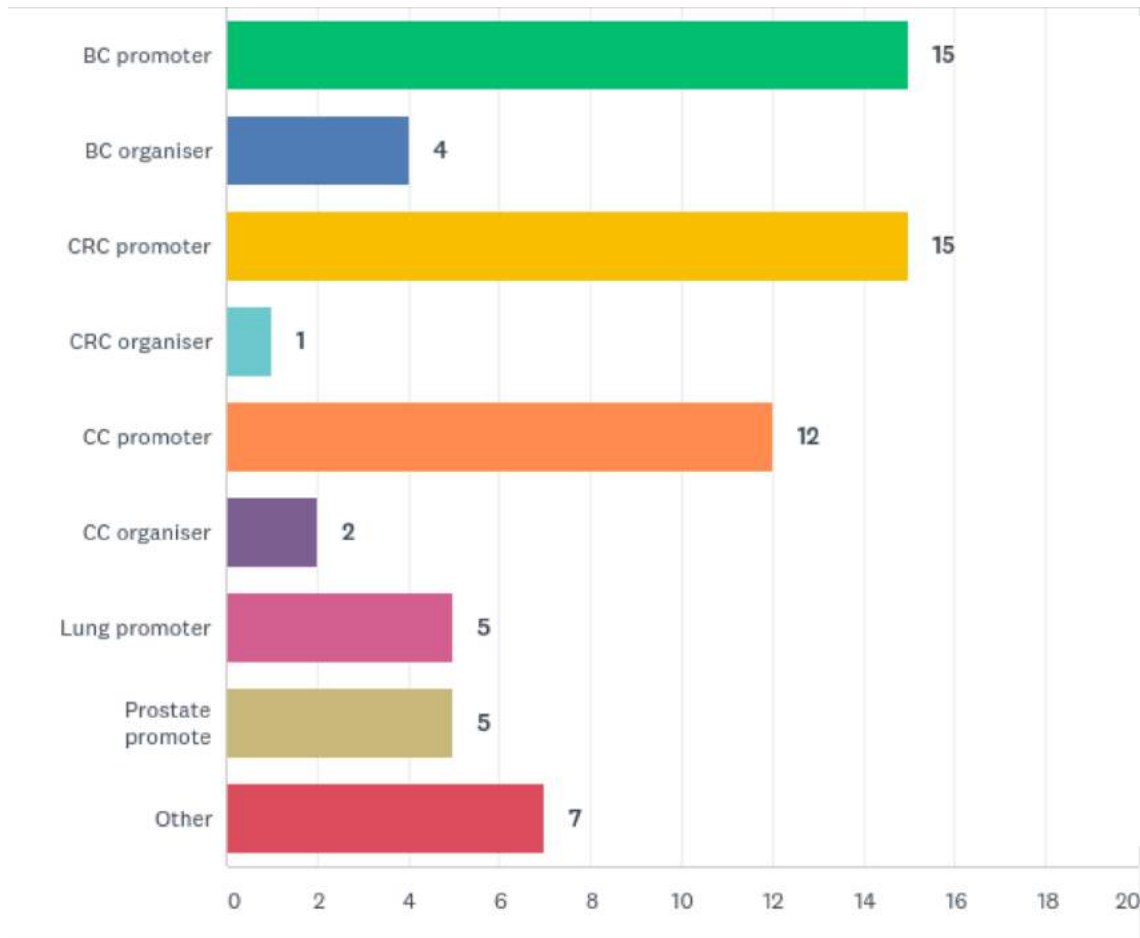
**Q3:WHAT OF THE FOLLOWING ARE ORGANISED CANCER SCREENING PROGRAMMES IN YOUR COUNTRY?**

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

INVITATION FOR LIFE  
CAMPAIGN

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

[Get Permission](#)

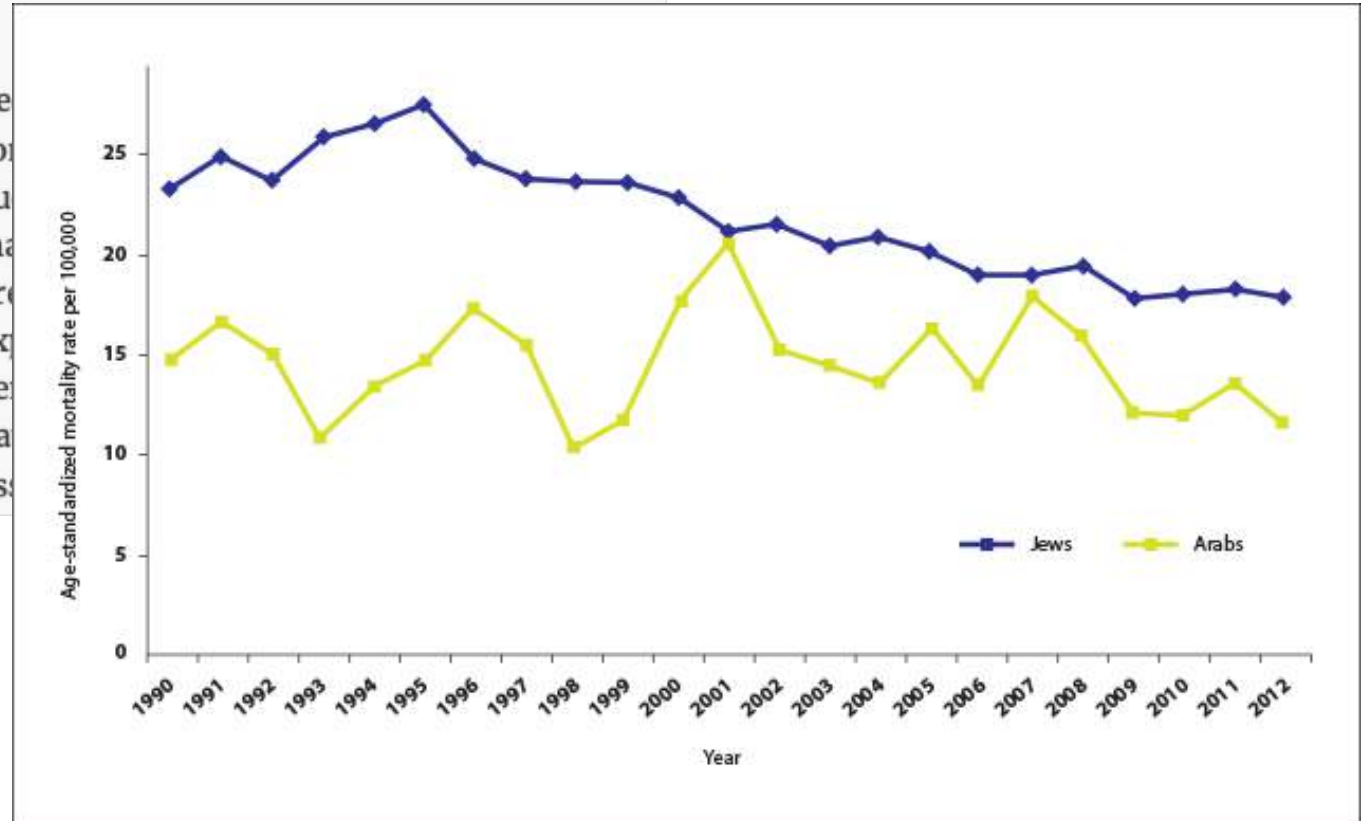


Re  
co  
qu  
ma  
bre  
ex  
de  
na

“ 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<sup>1,3</sup>  
Elínborg Jóna Ólafsdóttir<sup>2</sup>

<sup>1</sup>The Icelandic Cancer Detection Clinic, <sup>2</sup>The Icelandic Cancer Registry, Icelandic Cancer Society, <sup>3</sup>Faculty 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.

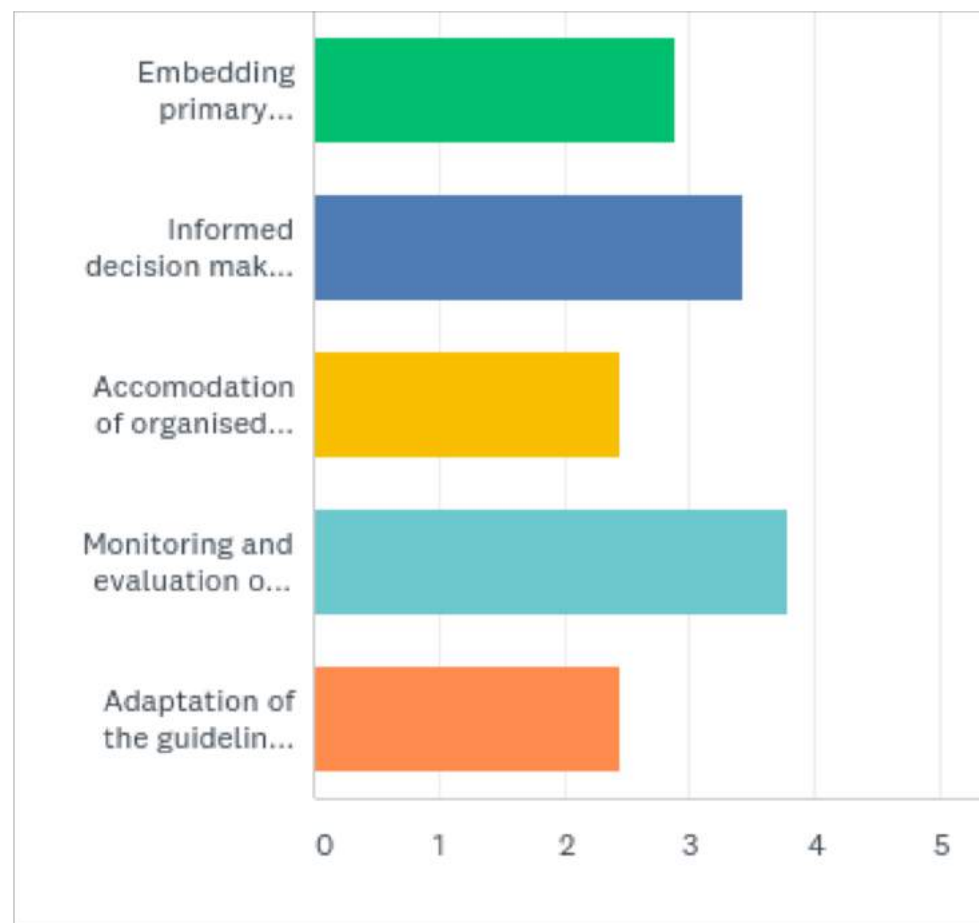
Region	Period	Region Counties	Integrated Counties	Mammogr aphy tests	Women Assessed	Referral Hospital
Centre	1990/2015	78	78	1,600,261	57,664	6995
South	1997/2015	98	77	606,315	13,683	3126
North	1999/2015	86	75	884,310	58,689	5488
LPCC BCS	1990/2015	262	230	3,090,886	130,036	15,609



## PORTUGUESE LEAGUE AGAINST CANCER


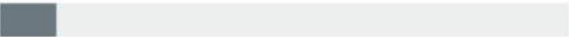
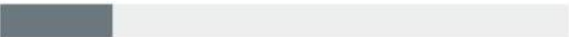
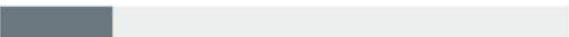
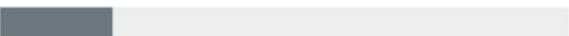
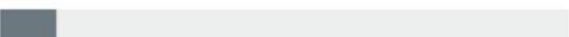
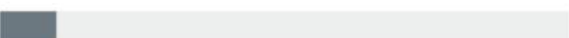
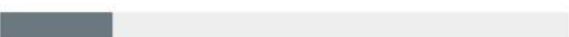
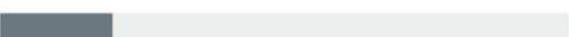
MAMMOGRAPHY BUS AROUND PORTUGAL

	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



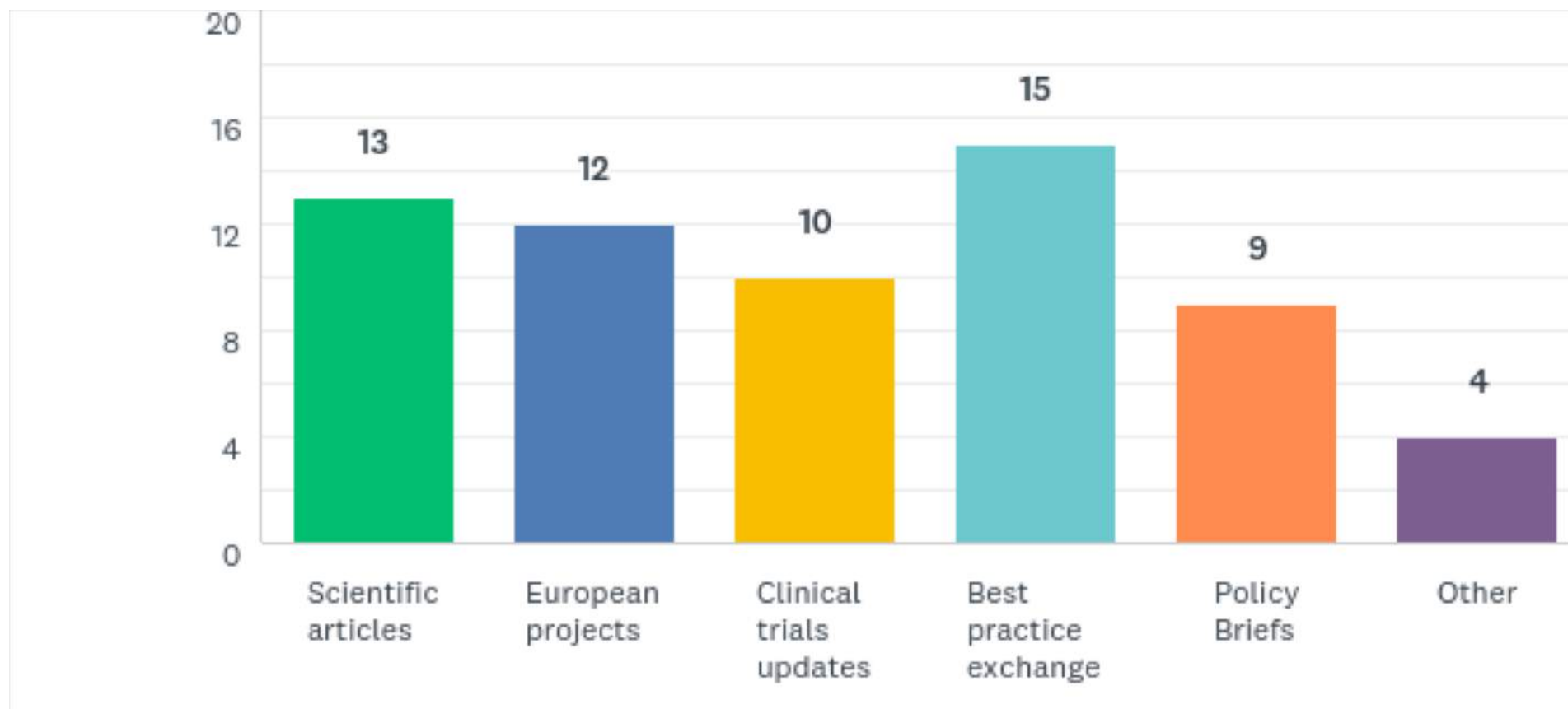
**Q6: FROM MORE TO LESS, WHAT TOPICS WOULD YOU LIKE TO FOCUS ON DURING THE WORKSHOPS ORGANISED ALONG WITH CPO?**

ANSWERED: 18 SKIPPED: 0

Cervical Guidelines		20%	2
Data dissemination		10%	1
Lung Cancer		20%	2
None		20%	2
Population information		20%	2
Prostate Cancer		10%	1
Quality assurance		10%	1
Screening Guidelines		20%	2
Stakeholders meetings		20%	2

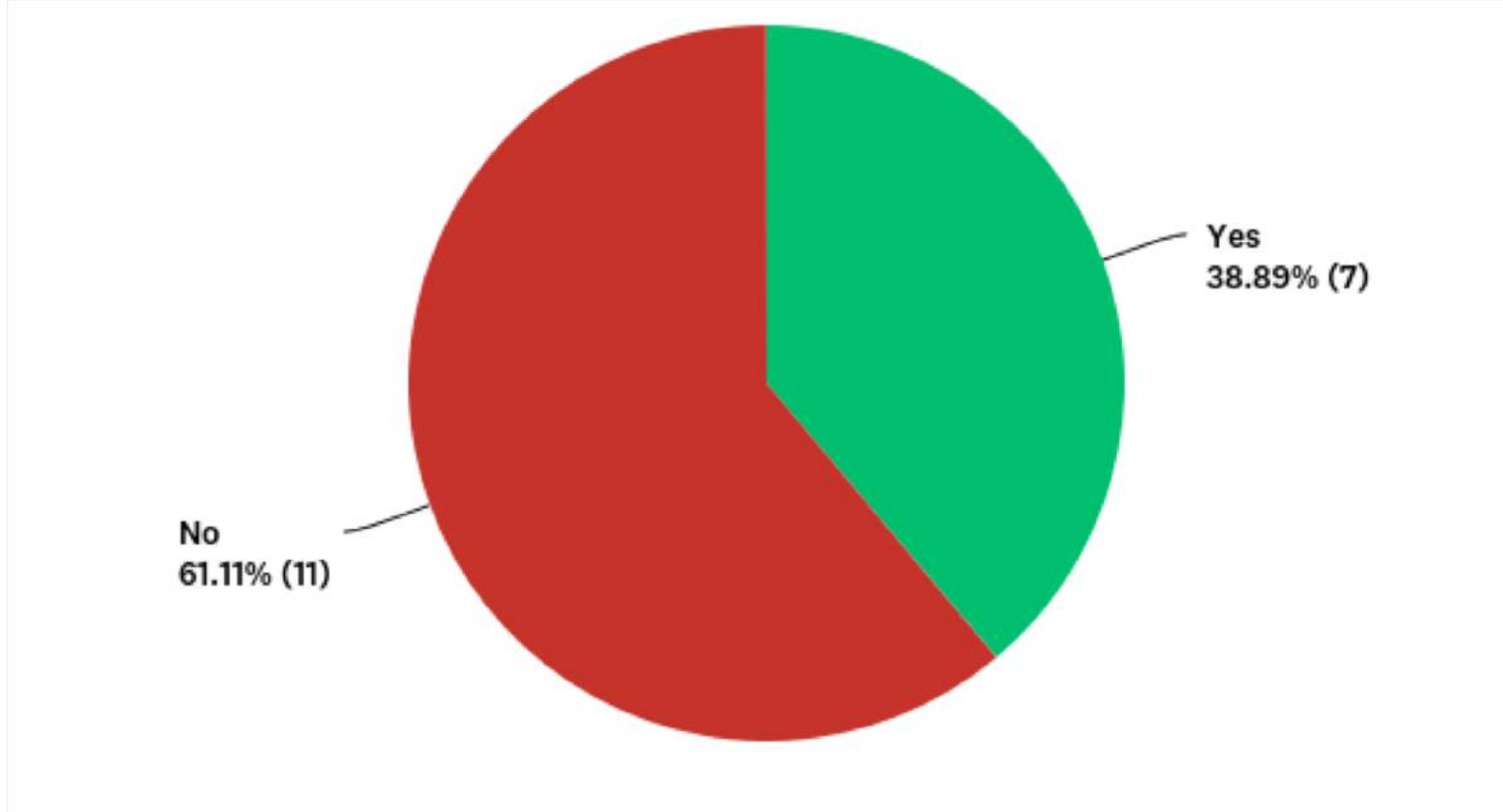
**Q7: ARE THERE ANY OTHER TOPICS YOUR ORGANISATION WOULD LIKE TO FOCUS ON IN REGARDS TO CANCER SCREENING?**

ANSWERED: 18   SKIPPED: 0



**Q8:WHAT MATERIALS WOULD YOU LIKE TO BE SHARED THROUGH THE ECL SCREENING WEBSITE?**

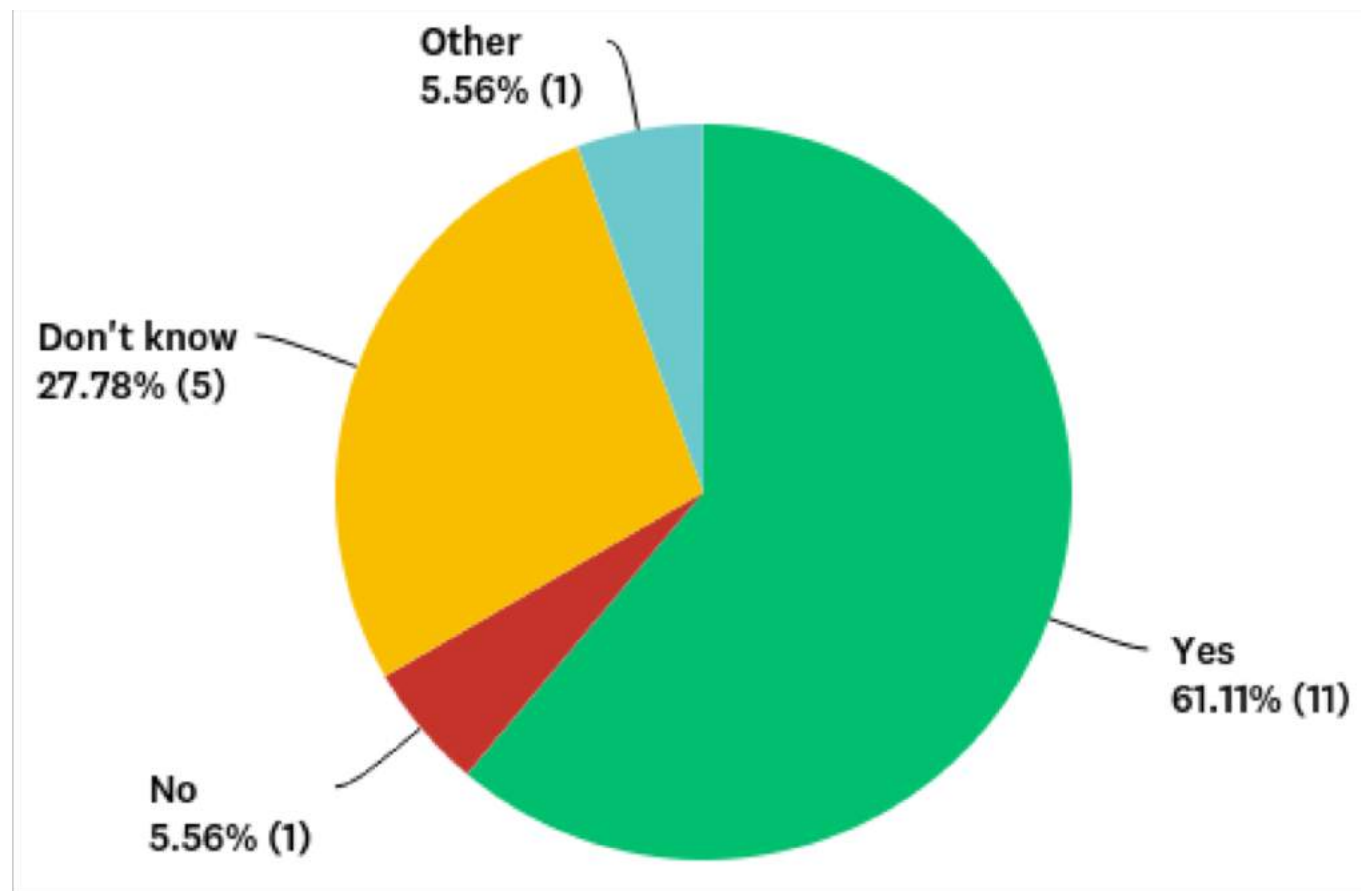
ANSWERED: 18 SKIPPED: 0



**Q9: DOES YOUR CANCER LEAGUE HAVE A POSITION IN REGARDS TO THE IMPLEMENTATION OF LUNG CANCER SCREENING?**

ANSWERED: 18 SKIPPED: 0

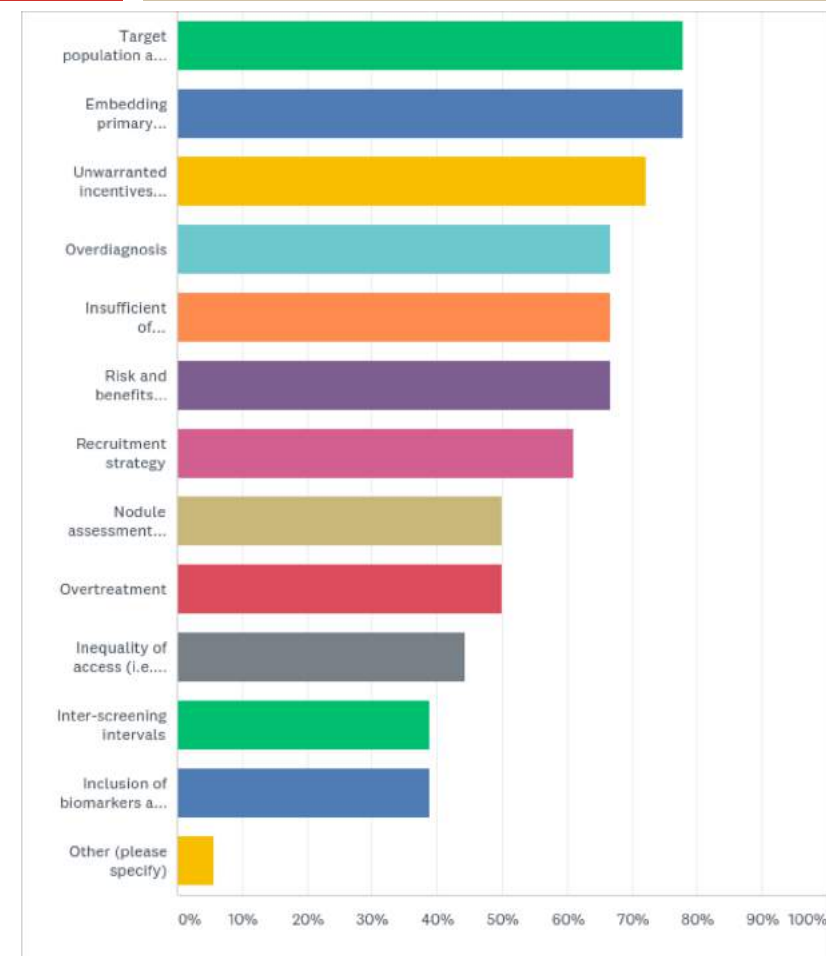




**Q10: WOULD YOU SUPPORT ECL DEVELOPING A POSITION PAPER ON LUNG CANCER SCREENING IMPLEMENTATION?**

ANSWERED: 18 SKIPPED: 0

ANSWER CHOICES	RESPONSES	
Target population and selection of high risk individuals	77.78%	14
Embedding primary prevention and smoking cessation programmes in the screening program	77.78%	14
Unwarranted incentives (i.e. false reassurance after a negative screening result)	72.22%	13
Overdiagnosis	66.67%	12
Insufficient of cost-effectiveness data	66.67%	12
Risk and benefits communication	66.67%	12
Recruitment strategy	61.11%	11
Nodule assessment approach	50.00%	9
Overtreatment	50.00%	9
Inequality of access (i.e. greater smoking rates among socio-economic groups)	44.44%	8
Inter-screening intervals	38.89%	7
Inclusion of biomarkers and tailored screening strategies	38.89%	7
Other (please specify)	5.56%	1
Total Respondents: 18		



**Q11: IN SUCH SCENARIO, WHICH CONCERNS WOULD YOU HAVE IN REGARDS OF LUNG CANCER SCREENING IMPLEMENTATION?**

ANSWERED: 18 SKIPPED: 0



# 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

## 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.

THANK YOU!

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