



# Programme Types and Implementation Status of Cancer Screening in the European Union

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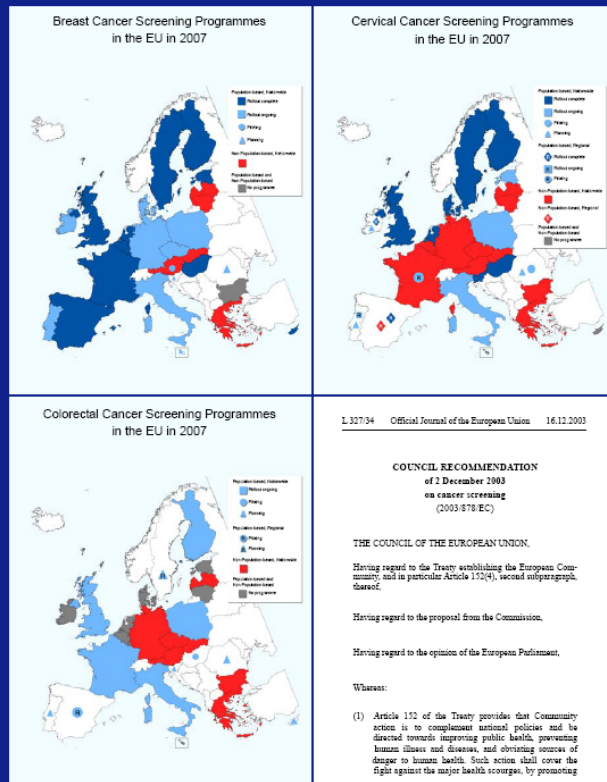
# The European Union today

- 500 million population
  - 136 million men and women 50-74 yrs.
  - 109 million women 30-60 yrs.
  - 59 million women 50-69 yrs.
- 27 Member States
  - **15 acceded before 2004**  
Austria, Belgium, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Luxembourg, Netherlands, Portugal, Spain, Sweden, United Kingdom
  - **12 recently acceded in 2004 and 2007**  
Bulgaria, Cyprus, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Romania, Slovak Republic, Slovenia,

# Cancer Screening in the European Union

## Report on the implementation of the Council Recommendation on cancer screening *First Report*

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**Cancer screening in the European Union**  
Report on the implementation of the Council Recommendation on cancer screening  
*First Report*



European Commission

International Agency for Research on Cancer



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# THE COUNCIL OF THE EUROPEAN UNION

## Recommendation on Cancer Screening of 2 December 2003



Over 30 specific recommendations

- How to implement cancer screening programmes
- How to maintain appropriate quality of screening programmes
- How to reach appropriate decisions on new or modified programmes



# THE COUNCIL OF THE EUROPEAN UNION

## Recommendation on Cancer Screening of 2 December 2003



### 1. Implementation of cancer screening programmes

- (a) Offer evidence-based cancer screening through a systematic *population-based* approach with *quality assurance at all appropriate levels*. The tests which should be considered in this context are listed in the Annex;
  
- (b) Implement screening programmes in accordance with *European guidelines* on best practice where they exist and facilitate the further development of best practice for high quality cancer screening programmes on a national and, where appropriate, regional level;



# THE COUNCIL OF THE EUROPEAN UNION

## Recommendation on Cancer Screening of 2 December 2003



HEREBY INVITES THE COMMISSION:

7. To report on the implementation of cancer screening programmes, on the basis of the information provided by Member States, not later than the end of the fourth year after the date of adoption of this Recommendation, to consider the extent to which the proposed measures are working effectively, and to consider the need for further action.

ANNEX:

- **pap smear screening for cervical cancer** precursors starting not before the age of 20 and not later than the age of 30;
- **mammography screening for breast cancer** in women aged 50 to 69 in accordance with European guidelines on quality assurance in mammography;
- **faecal occult blood screening for colorectal cancer** in men and women aged 50 to 74.

# Report on the implementation of the Council Recommendation on cancer screening - *First Report* Screening Programme Type

1. **Programme screening** requires public responsibility, coordination, supervision. The screening policy should at least
  - Be defined by law or *official* regulation, decision, directive or recommendation
  - Specify screening test, examination interval, eligible group of persons
  - Provide for public financing of participation in screening (apart from own contribution)

Note: In many countries, in addition to programme screening, significant volumes of “wild” screening may be performed, outside of any programme. Such activities were not covered..

# Report on the implementation of the Council Recommendation on cancer screening - *First Report* Screening Programme Type, cnt'd

## 2. **Organised Screening** (not used to classify programmes because the degree of organisation varies widely):

In addition to the targeted population group(s), the screening test, and the examination interval(s) programme policy generally

- Provides for national or regional team responsible for implementation (coordinating service delivery, quality assurance, and reporting of performance and results)
- Requires comprehensive guidelines, rules and standard operating procedures
- Defines a quality assurance structure and mandates supervision and monitoring of most steps in the screening process
- Requires ascertainment of the population disease burden



# Report on the implementation of the Council Recommendation on cancer screening - *First Report* Screening Programme Type, cont'd

3. **Population-based screening** generally requires a high degree of organisation in order to
- Identify and invite each person in the eligible target population (promotes equality in access to health care)
  - Assure that the invitational activities are performed reliably and effectively and are adequately coordinated with the subsequent steps in the screening process

Note: The organisational infrastructure of population-based screening programmes is conducive to implementation of quality assurance and evaluation – such as by facilitating linkage of screening data and cancer registry data.

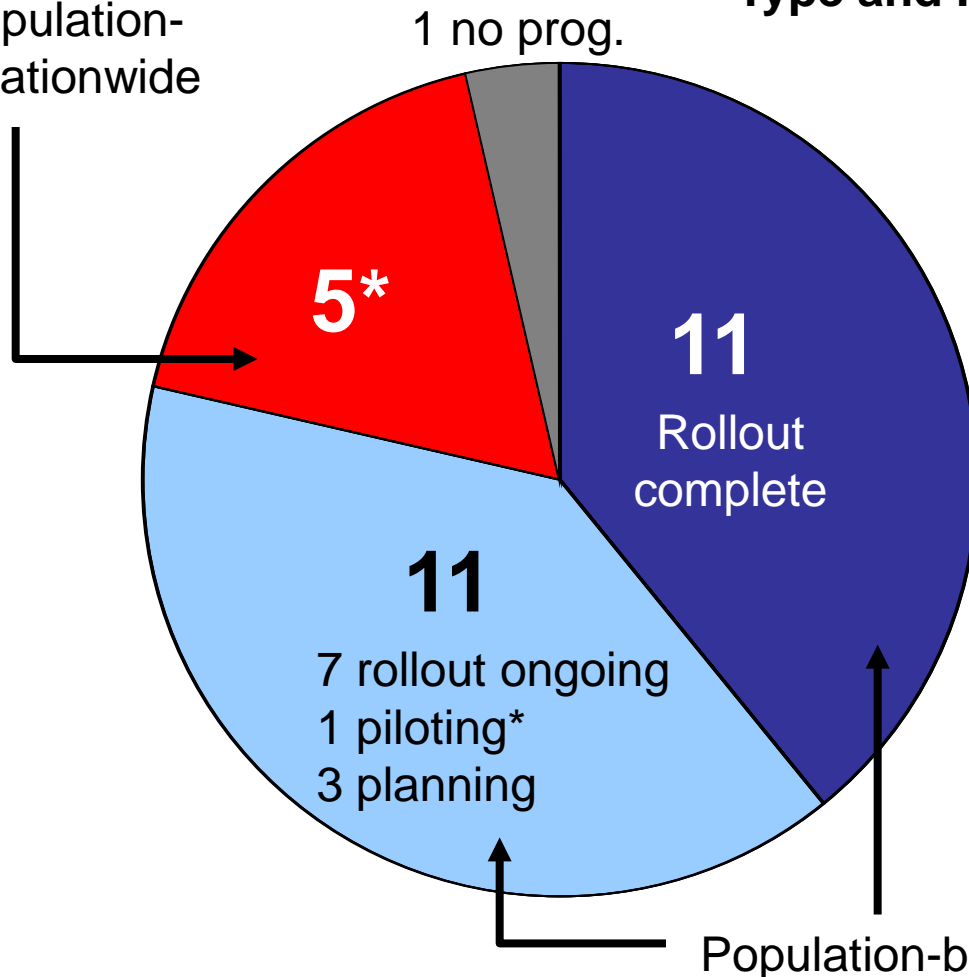
# Report on the implementation of the Council Recommendation on cancer screening - *First Report* Country Implementation Status

1. **Programme or No Programme**
2. **Nationwide or Regional** (aim of public screening policy)
3. **If Programmes are Population-Based**
  - Pilot phase
  - Planning phase
  - Rollout ongoing: at least some invitations have been sent
  - Rollout complete (fully established)
    - At least ca. 90% of eligible target population in respective country or region personally invited at least once
    - All elements of screening process are fully functional
  - Mixed: different phases in various regions of the country

# BREAST Cancer Screening Programme Implementation in the EU

**Number of Member States by Programme Type and Implementation Status in 2007**

Non population-based nationwide

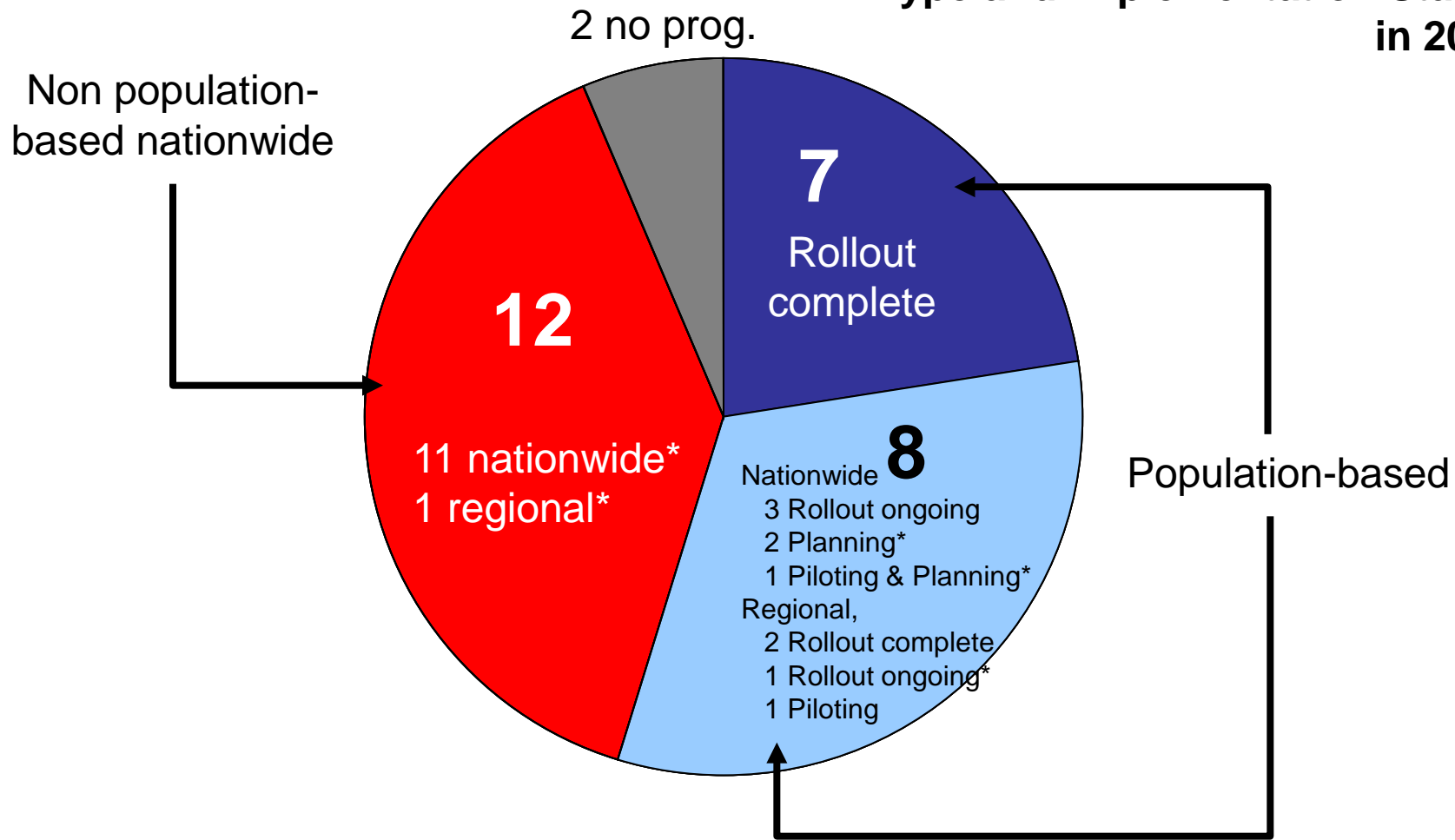


Population-based nationwide

# CERVICAL Cancer Screening Programme Implementation in the EU

**N = 109 Million**

**Number of Member States by Programme Type and Implementation Status in 2007**



\*2 member states with dual type  
3 member states with dual status

# Report on the implementation of the Council Recommendation on cancer screening - *First Report*

Table 6	Number of Persons attending Breast, Cervical and Colorectal Cancer Screening Programmes in the European Union in 2007 by Target Cancer and Programme Type							
	Persons attending screening programmes for							
	Breast Cancer		Cervical Cancer		Colorectal Cancer		Total	
	Persons (x 1000)	% of column	Persons (x 1000)	% of column	Persons (x 1000)	% of column	Persons (x 1000)	% of column
1	2	3	4	5	6	7	8	9
Population-based	11,262	97%	7,791	25%	3,519	30%	22,572	41%
Non-population-based	343	3%	23,744	75%	8,120	70%	32,207	59%
Total	11,606	100%	31,535	100%	11,639	100%	54,780	100%

Source: European Commission, 2007 (DG SANCO); IARC, 2007 (ECN and EUNICE projects); other sources see Tables 3b-5b.

\*Estimates of volume of screening in 2007. Volumes in Tables 3b-5b corrected for programmes with missing data and for programmes in rollout phase in 2007.

# Report on the implementation of the Council Recommendation on cancer screening - *First Report*

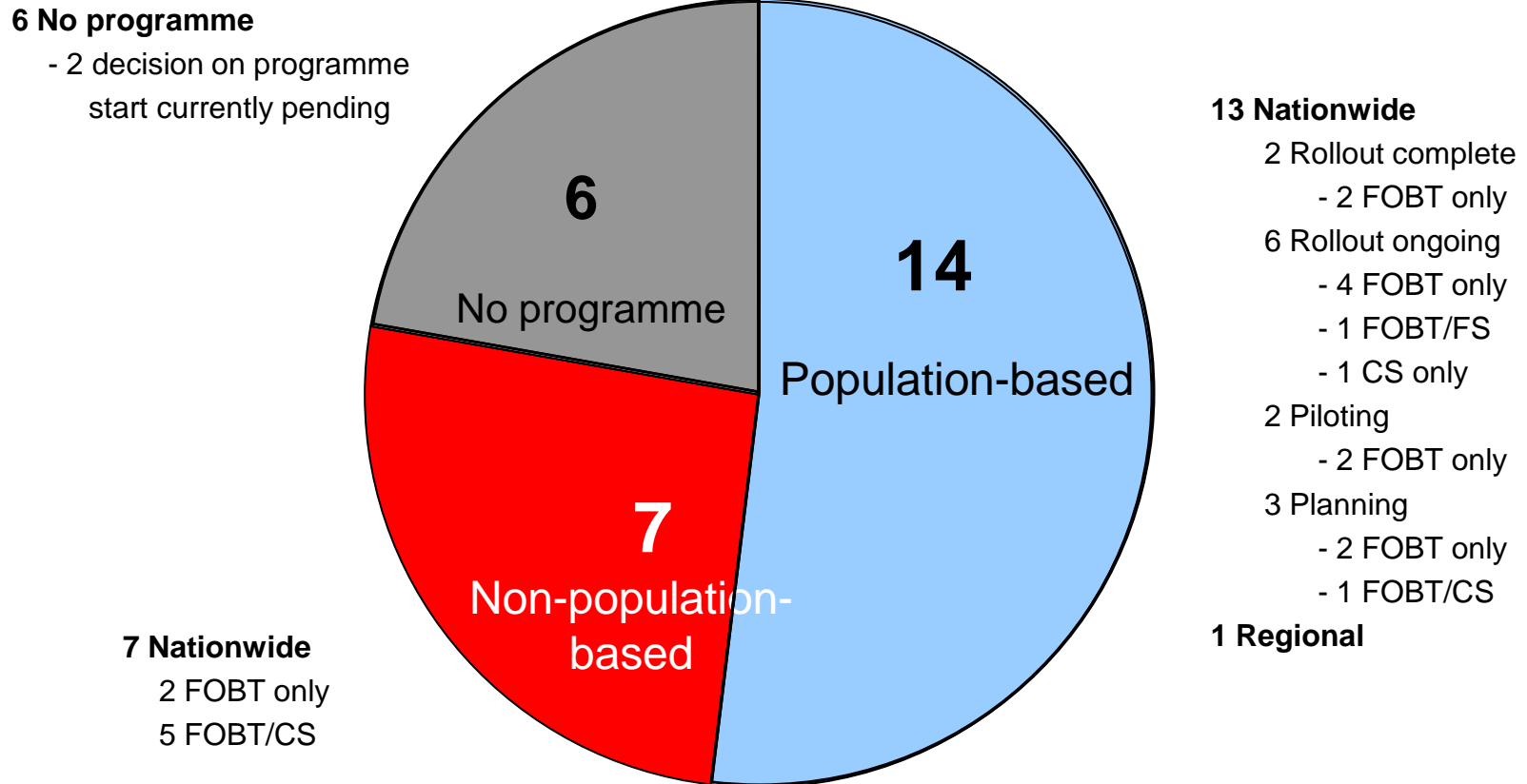
- All Member States aim to follow EU quality assurance guidelines
- Over 50 population-based programmes for breast, cervical, or colorectal cancer screening running or being established in 26 Member States
- Already over 500 million screening examinations in 10-year period. (over 100 million CRC screening tests)
- Need for professional, technical and scientific support for quality assurance, monitoring, evaluation and accreditation
- Adequate resources, including expanded international collaboration, are essential

# Additional, nonexhaustive information on implementation status of Colorectal Cancer Screening Programmes in the EU collected in IDCA/IARC/UEGF Survey November 2009

- More than half of the EU Member states have taken action to implement, improve or expand colorectal cancer screening programmes since 2007.
- 8 Member states have established or upgraded the status of screening programmes:
  - Czech Republic, France, Ireland, Lithuania, Portugal, Slovakia, Slovenia, Spain
- Decisions to implement new programmes are currently pending in:
  - Denmark and the Netherlands.
- Rollout of population-based screening is nearing completion in the UK

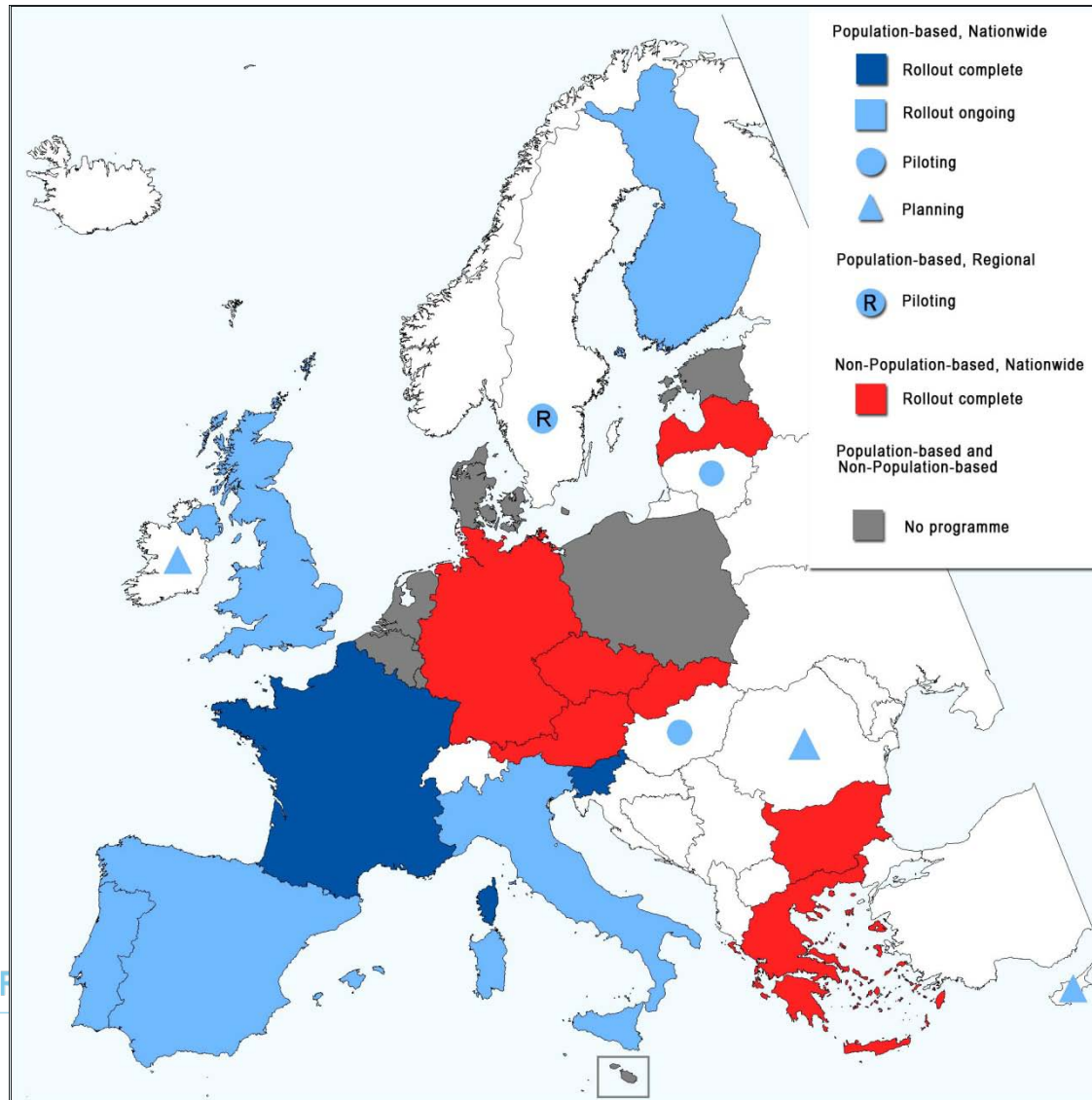
# COLORECTAL Cancer Screening Programme Implementation in the EU

## Number of Member States by Programme Type and Implementation Status in 2009



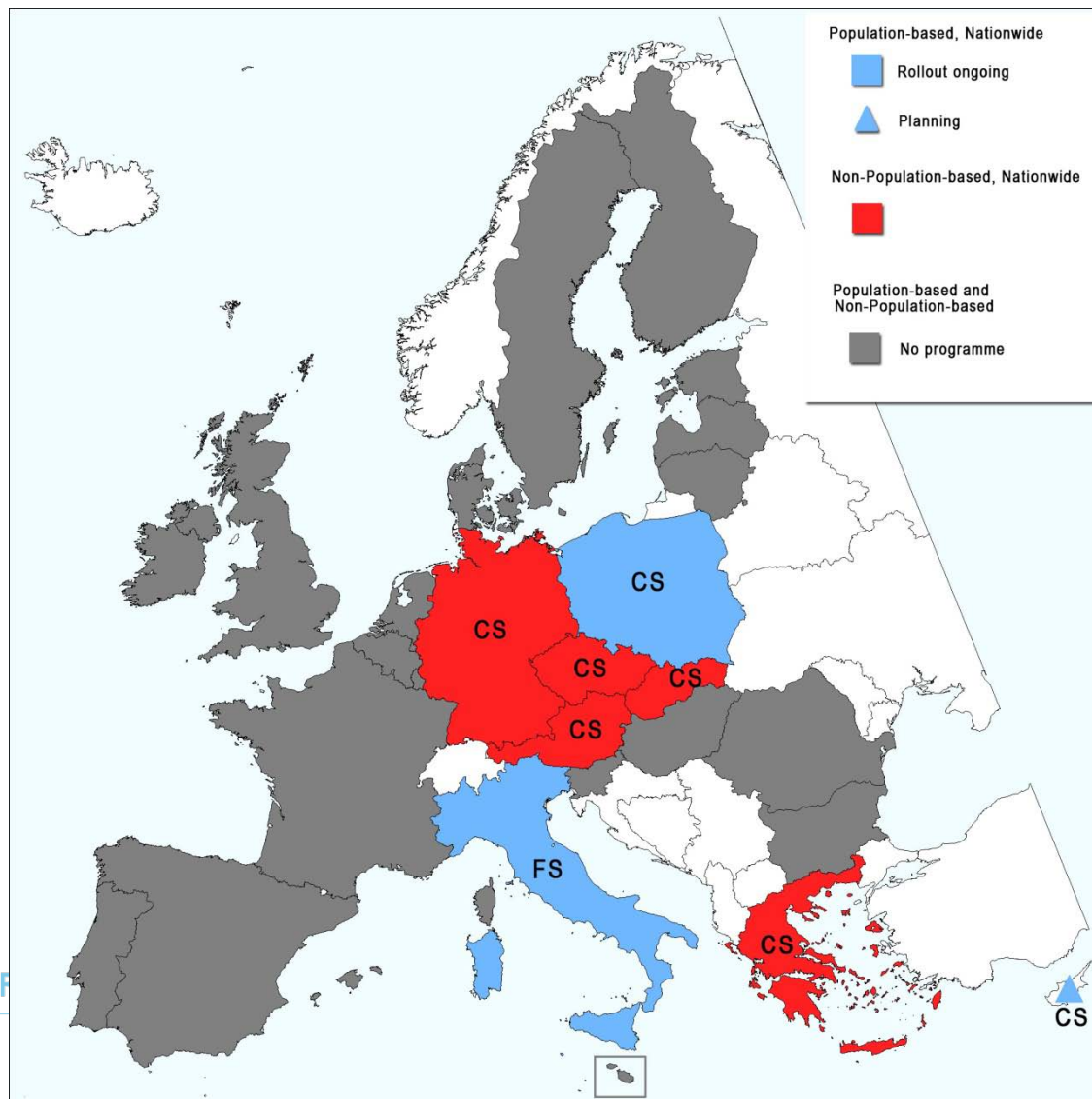


# COLORECTAL Cancer Screening Programmes in the EU in 2009



FOBT-based programmes

# COLORECTAL Cancer Screening Programmes in the EU in 2009



**Endoscopy-based programmes**

**CS: Colonscopy**  
**FS: Flexible sigmoidoscopy**

# Nationwide implementation of population-based screening improves the entire range of cancer care

- The population-based approach is essential to monitoring and maintaining high quality at every step in the screening process.
- Nationwide implementation of population-based programmes makes services performing to the high multidisciplinary standards accessible to the entire eligible target population.
- Large numbers of professionals undertake further specialisation in order to meet the screening standards.
- Consequently, these nationwide efforts also lead to widespread improvement in diagnosis and management of cancers which are detected outside of screening programmes.

# A positive paradox of population-based cancer screening

- The better we are in the quality-assured process of implementing population-based cancer screening programmes...
- the more difficult it can be to show the benefit compared to symptomatic care.

Thank you for your attention

International Agency for Research on Cancer

