

JOINT STATEMENT

Call for Action on Colorectal Cancer Screening in the EU

Considering that 160,000 people die of colorectal cancer in the European Union (EU) every year¹, despite the fact that many of these deaths are avoidable: preventable and amenable²; considering that the incidence of colorectal cancer keeps increasing; considering that 80,000 more lives could be saved per year if Member States were able to increase diagnosis in stage I from the current 14% to the best practice of 50%;

Considering that population-based colorectal cancer screening is the most effective and efficient way for early diagnosis for the highest number of citizens;

Considering that in 2003 all Ministers of Health of the European Union committed to having population-based colorectal cancer screening programmes for all citizens aged 50 to 74, using the best testing technology, as formalised in the “2003 Council Recommendation”³ and considering the European Commission’s *Guidelines for Quality Assurance in Colorectal Cancer Screening*⁴, specifying the **desired colorectal cancer screening participation rate to be higher than 65% of the target population;**

Considering the importance of setting up colorectal screening programmes at national level:

- We urge the European Institutions and EU Member State governments to **recognise the effectiveness of screening programmes** and the central role that building successful prevention initiatives has on societies.
- We encourage EU Member States to **share best practices and to apply them** in line with their commitment,
- We urge European Institutions and EU Member States to **put investment in screening programmes at the forefront of their health-related priorities**. Member State insights and success stories should ensure that best practices are taken on board and serve as a strong basis for the development of high-performing screening programmes.
- We urge **the use of a multidisciplinary approach**, critical to run a successful screening programme, including psycho-social aspects, information systems, good monitoring and feedback.

¹ European Cancer Information System (ECIS), 2020

² Eurostat Definitions : Avoidable mortality is split between preventable and amenable mortality: preventable mortality is defined as deaths that could be avoided through public health and prevention interventions, whereas amenable (or treatable) mortality is defined as deaths that could be avoided through effective and timely health care (Eurostat, 2018).

³ European Council Recommendation on Cancer Screening, 2 December 2003

⁴ European Commission’s Guidelines for Quality Assurance in Colorectal Cancer Screening, 2010

JOINT STATEMENT RECOMMENDATIONS

Member State recommendations

1. **Develop national implementation plans to achieve the committed goals of 65% participation rate among citizens between 50 and 74 years old as a multidisciplinary and multi-stakeholder effort**

The best-performing countries, taking into account the double objective of national coverage and high participation rates among the target population, are Slovenia, the Netherlands, Denmark and Lithuania. Most Member States do not have national screening coverage in the complete target population.

Data collected in 2019, show that only 14% of the EU population have the opportunity to participate in colorectal cancer formal population-based screening programmes⁵. In this context it is important for health authorities to strongly communicate to the general public on the importance of prevention and on informed decision-making with regard to screening.

2. **Invest in annual inputs and outcomes metrics**

Every Member State should have precise and transparent metrics about the investments made in colorectal cancer screening programmes: in the number of citizens tested and treated by age group and by stage of the disease, while measuring the actual outcomes in terms of detection rates by age and stage of the disease, as well as incidence, mortality and 5-year survival. This requires the need for research to understand obstacles to screening.

3. **Invest in technologies and human resources**

Setting up national screening programmes requires a seamless operation with the involvement of many stakeholders. The end result should be that all citizens can get screened with the best technology that ensures high participation rates, with minimal time between a positive test and high quality colonoscopy⁶, with sufficient capacity to manage colonoscopies and colorectal cancer surgery. Integrated databases will allow for timely invitations and follow-up. All this requires a solid investment in infrastructure, systems design and human resources.

4. **Ensure that total health economic value is measured**

The total medical and non-medical cost of colorectal cancer has increased from 13.1 billion € in 2009 to over 19 billion €⁷ today. This highly avoidable and treatable disease places a significant burden on healthcare systems, especially because costs increase with more progressive stages. On average, one might say that the difference in cost between early stage and late stage is probably tenfold, between 4,000€ and 40,000€⁸. Early detection has demonstrated to be cost saving to the healthcare system⁹. It is essential to ensure the sustainability of the screening efforts that health economic data are captured systematically to evaluate the cost-savings generated by the investment.

⁵ Digestive Cancers Europe, 2019

⁶ Performance measures for lower gastrointestinal endoscopy: a European Society of Gastrointestinal Endoscopy (ESGE) Quality Improvement Initiative

⁷ Thomas Hofmarcher et al. "The Cost of Digestive Cancers in Europe", Swedish Institute for Health Economics, 2020

⁸ Digestive Cancers Europe: "White Paper on Colorectal Cancer Screening in Europe", 2019

⁹ Arrospeide et al. Cost-effectiveness and budget impact analyses of a colorectal cancer screening programme in a high adenoma prevalence scenario using MISCAN-Colon microsimulation model
BMC Cancer (2018) 18:464

5. *Ensure coherence and consistency of the political vision and health policy approaches at local and national level*

In many EU Member States, the colorectal cancer screening programmes fall within the mandate of the regional health authorities, but the curative part of treatment is the responsibility of the national health authorities, with different budgets and priorities. In order to ensure a seamless organisation, regional, national and European policies should be aligned and implemented.

European Institutions Recommendations

6. *Monitor EU Member States Colorectal Cancer screening results*

Within its mandate of disease prevention, the European Commission could have a systematic tracking of colorectal cancer screening with annual statistical comparisons of national coverage, number of citizens tested, number of early detections, number of surgical interventions and the ensuing reduction in incidence and mortality. Having this statistical tool will allow Member States to evaluate progress.

7. *Ensure that all EU Colorectal Cancer Screening Agencies join a common platform to exchange best practices*

We ask the European Union and Member States to establish an EU Colorectal Cancer Screening Exchange Platform. Today, there is no systematic interaction between the Member States on the topic of CRC screening. Considering that CRC screening programmes are highly complex and require a lot of operational interaction with different partners, exchanging information that allows to increase effectiveness and efficiency, seems vital. This platform could ensure that best practices are shared.

Other Stakeholder Recommendations

8. *To commit and participate to provide support, insights and expertise based on every stakeholder's competencies and possibilities.*

The quality of any CRC population-based screening programme depends on the collaboration between all stakeholders, from understanding citizen psychology, information infrastructure, testing technology and capacity, diagnostic and treatment capacity, and political commitment. This also includes the necessary psychological support of patients between a positive test and the actual diagnosis. All involved stakeholders, with colorectal cancer patient associations at the centre, should be able to collect and share their insights in order to inform the other partners and look for constructive solutions.

We, as the signatories of the Joint Statement, fully subscribe to the Eight Recommendations for Colorectal Cancer Screening in the European Union, as presented in this Joint Statement.

Name of the organisation	Nature of the organisation	Country
The Center for Support of Oncological Patients "In the Name of Life"	Patient Organisation	Belarus
FAPA	Patient Organisation	Belgium
UORDC	Patient Organisation	Bosnia and Herzegovina
The Cyprus Association of Cancer Patients and Friends (PASYKAF)	Patient Organisation	Cyprus
Onkomajak	Patient Organisation	Czech Republic
Colores	Patient Organisation	Finland
Mon réseau cancer colorectal	Patient Organisation	France
Fondation A.R.CA.D -Aide et Recherche en CAncérologie Digestive	Foundation	France
AgaliaZO	Patient Organisation	Greece
Recovering Together Association	Patient Organisation	Hungary
EuropaColon Italia Onlus	Patient Organisation	Italy
Vivere senza Stomaco si puo	Patient Organisation	Italy
ARESS (The Regional Agency for Social and health Development)	Regional Agency	Italy
Ed Goodall, Northern Ireland Cancer Research Consumer Forum (NICRCF)	Health Forum	Northern Ireland
Lithuanian Cancer Patient Coalition (POLA)	Patient Organisation	Lithuania
Borka Macedonia	Patient Organisation	Macedonia
Malta Colorectal Cancer Awareness Group – MCRGAG	Patient Organisation	Malta
Werkgroep Darmkanker	Patient Organisation	Netherlands
Fundacja EuropaColon Polska / EuropaColon Poland	Patient Organisation	Poland
EuropaColon Portugal	Patient Organisation	Portugal
Community Health Association	Patient Organisation	Romania



**COLORECTAL CANCER
SCREENING IN THE
EUROPEAN UNION
THEMATIC NETWORK**
LED BY DIGESTIVE CANCERS EUROPE



Mircea Manuc	President of the Commission of Gastroenterology of the Ministry of Public Health, Romania	Romania
Russian Association of Oncology Patients "ZDRAVSTVUY!"	Patient Organisation	Russia
CRC Patient Association	Patient Organisation	Serbia
Nie Rakovine	Patient Organisation	Slovakia
EuropaColon Slovenia	Patient Organisation	Slovenia
EuropaColon Espana	Patient Organisation	Spain
Dance with Cancer	Patient Organisation	Turkey
Bowel Cancer UK	Patient Organisation	UK
Georgian Society of Clinical Oncology	State Professional Society	Georgia
Red Pants	Patient Organisation	Germany
K.E.F.I	Patient Organisation	Greece
Zav Menia	Patient Organisation	Israël
SAID NGO	Patient Organisation	Lebanon
National Health Screening Program Malta	Patient Organisation	Malta
EuropaColon Ukraine	Patient Organisation	Ukraine
National Oncology Institute		Slovakia
European Society of Digestive Oncology	International Coalition	EU
European Cancer Organisation	International Coalition	EU
United European Gastroenterologists	International Coalition	EU
European Cancer Patient Coalition	International Coalition	EU
EU-TOPIA	EU Screening Project	EU
The Synergist	NGO	EU
Vintura	Consultancy	EU
Global Colon Cancer Association	Global Association	USA