

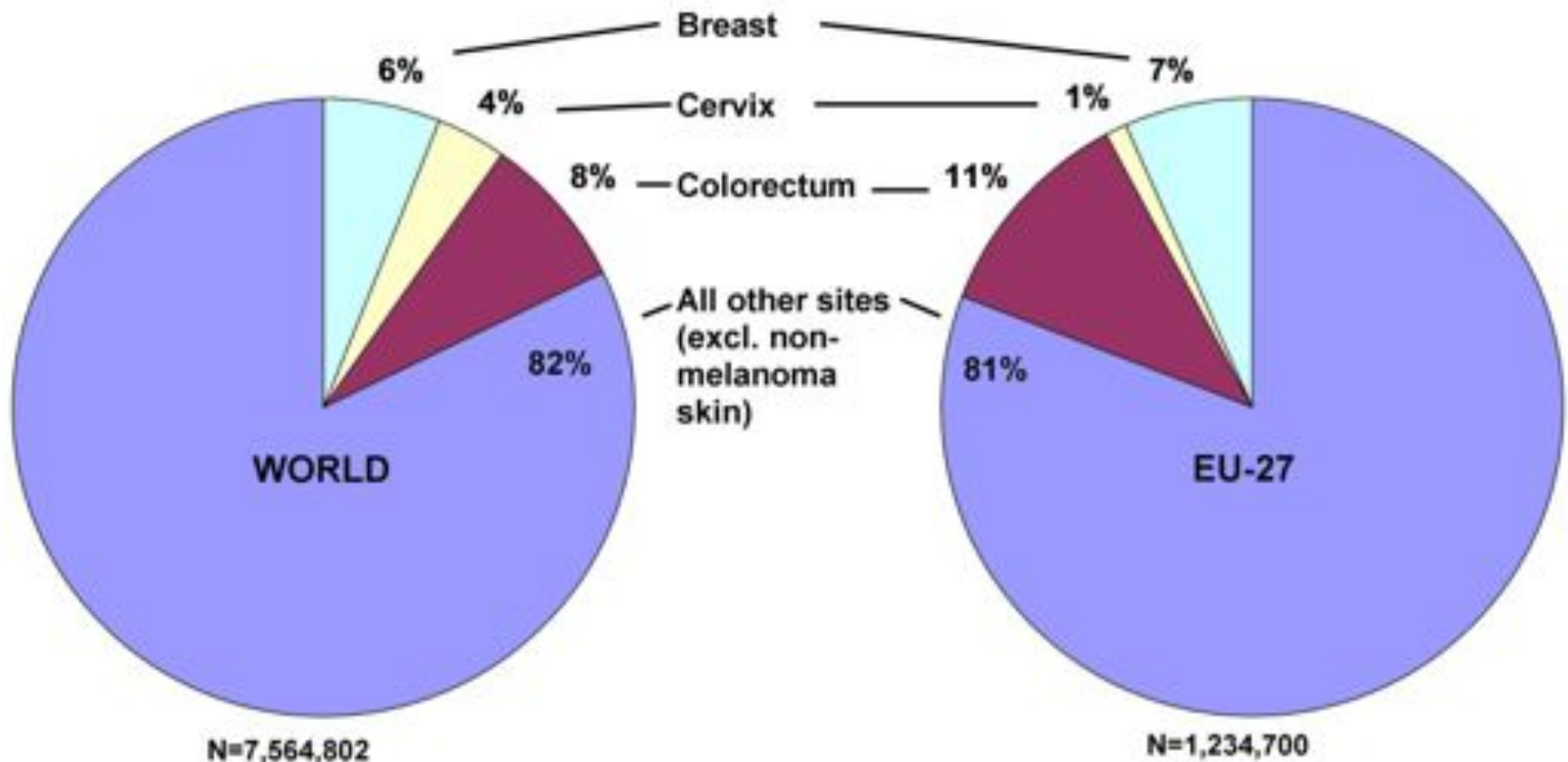


Collaborating to improve cancer screening in Europe

Lawrence von Karsa
Quality Assurance Group
Section of Early Detection and Prevention

International Agency for Research on Cancer
Lyon, France

Estimated proportion of breast, cervix and colorectal cancer deaths worldwide (left) and in the EU-27 (right) in 2008.





EPAAC - Work Package 6

Screening and early detection

Package Leader:

Focal point, Scientific & Technical Support
Finnish Cancer Registry, Helsinki

Lawrence von Karsa

& Maria Fernan, IARC, Lyon

Associated Partners:

Finnish Cancer Registry / Finnish Cancer Society;

Netherlands Standards Organization;

Centro Superior de Investigación en Salud Pública, Valencia;

Flemish Agency on Care and Health;

NHS Sefton;



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THE COUNCIL OF THE EUROPEAN UNION

Recommendation on Cancer Screening of 2 December 2003



- **How to:**
 - implement cancer screening programmes
 - maintain appropriate quality
 - decide on new programmes, modifications
- **Based on:**
 - WHO principles (Wilson & Jungner)
 - experience in programme implementation in EU
- **Using:**
 - pap smear beginning between age 20-30 years
 - mammography 50-69 years
 - faecal occult blood testing in men and women 50-74 yrs



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Recommendation on Cancer Screening of 2 December 2003



Programme implementation

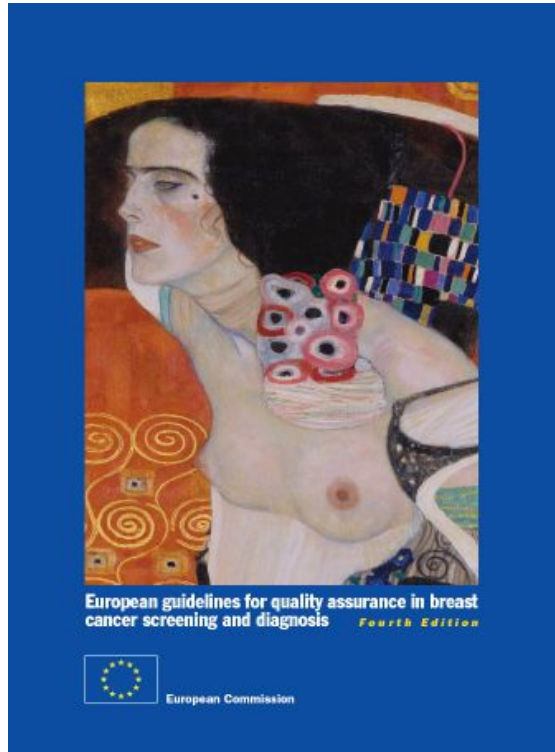
- Population-based approach
- Quality assurance of entire process
 - Decision to attend, testing, diagnosis, treatment, subsequent care
 - European guidelines on best practice
 - Continuous improvement for high-quality programmes
 - Implementation report to consider need for further action



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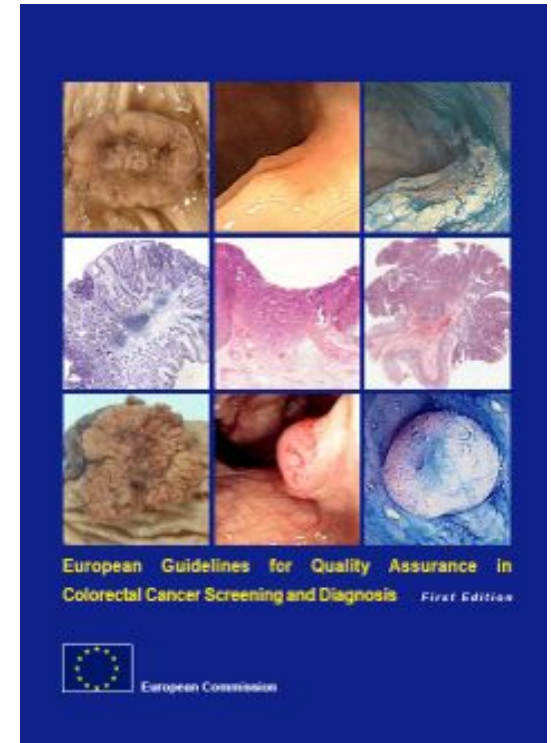
EU Guidelines for Quality Assurance in Breast, Cervical and Colorectal Cancer Screening



4th Edition
2006^{a)}



2nd Edition
2008^{a)}



1st Edition
2010^{a), b)}



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Financial support through:

- ^{a)}EU Health Programme,**
- ^{b)}UEGF, ACS, CDC**

Population-based screening programmes improve entire range of cancer care

- Infrastructure **facilitates QA** (personal invitation, fail-safe mechanisms, data linkage for monitoring & evaluation)
- Pop.-based **services** performing to high multidisciplinary standards **accessible to the entire eligible population**
- **Large numbers of professionals** undertake further specialisation to **meet the screening standards**
- Nationwide efforts **also improve cancer diagnosis & management outside of screening programmes**



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Implementation of cancer screening in EU

- *First Report**

- >50 population-based programmes for breast, cervical, or colorectal cancer screening running or being set up in 26 of 27 EU countries
- >500 million screening examinations in 10-year period
- Despite substantial efforts
 - <50% of the recommended number of tests actually performed
 - <50% of the performed tests in programmes with requisite organisation for comprehensive quality assurance
- Needs for further improvement:
 - Professional, technical and scientific support for quality assurance, monitoring, evaluation and accreditation
 - Adequate resources & expanded international collaboration



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*** L v Karsa, A Anttila, G Ronco et al. 2008.
Financial support of EU Health Programme**



European Partnership Action Against Cancer

Screening and early detection

- Ongoing projects feeding into the partnership*
 - Development and updating of EU Guidelines for breast, cervical and colorectal cancer screening
 - Updating report on implementation of cancer screening in the EU
 - Updating recommendations on cancer screening in the European Code Against Cancer
- Aims of workpackage on screening and early detection
 - Make recommended screening of appropriate quality accessible to all citizens who may benefit
 - Promote synergy between cancer screening and other areas of early detection and prevention



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* Co-financed by the EU health programme in the framework of the EPAAC



European Partnership Action Against Cancer

Screening and early detection WP Activities 2012

- Pilot a comprehensive training course in management of cancer screening programmes
- Survey inequalities in cancer screening
- Advise regions on screening programme implementation
 - EUREGHA workshops in Liverpool, UK and Padua, IT
- Develop pan-European consensus on quality criteria for health checks
 - Workshops in the Hague, NL
- Preparations for 2013 Open Forum dealing with Screening



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Pilot training course in management of cancer screening programmes

- 2 one-week modules in Nov. 2012 & March 2013
- Details of curriculum under development
- First announcement available

https://webgate.ec.europa.eu/sanco/heidi/images/6/6d/ESSM_firstannouncement0619.pdf;

<http://epaac.eu/news/154-european-school-of-screening-management>

- To involve appr. 25 participants from EU and Mediterranean region from regional or national screening management or evaluation units
- Regular courses planned in the future including other regions



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Conclusions

The experience in Europe confirms that optimal quality at each step in the screening process is crucial to achieving an appropriate balance between benefit and harm of cancer screening.

Working in partnership in the development and implementation of quality standards can help to avoid common pitfalls and speed up the process of programme implementation by sharing resources for training, monitoring and evaluation.



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Conclusions

Increased international collaboration in implementation and continuous improvement of cancer screening programmes would promote more effective use of screening as a tool of cancer control.



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Web links to relevant documents



Segnan N, Patnick J & von Karsa L (eds.) (2010), **European Guidelines for Quality Assurance in Colorectal Cancer Screening and Diagnosis - First Edition**. European Commission, Publications Office of the European Union, Luxembourg

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<http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2008:0882:FIN:EN:PDF>



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