DIGESTIVE CANCERS EUROPE

Together Driving Change & Saving Lives

CRC Screening Summit

30 November 2020

Introduction

The CRC Screening Summit organised virtually amid the COVID-19 global pandemic on 30 November 2020 saw high level experts on screening in the European Union coming together to discuss the way forward in organising successful screening programmes and the sharing of best practices.

The Summit, introduced by the Commissioner for Health Stella Kyriakides with a video message saw five panels of experts debate how to increase participation rates in screening, how to involve all stakeholders and to ensure a long-term and comprehensive effort.

Representatives of regional screening programmes joined policy makers at EU level to identify existing main barriers, provide practical solutions and share best practices for successful outcomes.

WELCOME, DORA CONSTANTINIDES, DiCE CHAIR

Dora Constantinides, Chair of the Board of Directors, Digestive Cancers Europe (DiCE).

DiCE is the European umbrella body for national Member organisations representing patients with digestive cancers. Around 800,000 citizens are diagnosed with a digestive cancer each year in Europe - 500,000 of whom will die, yet a significant number of these deaths are avoidable.

Our mission is to increase early diagnosis and to reduce mortality from digestive cancers, increasing overall survival rates and improving quality of life.

We want to see best practices adopted everywhere, so that citizens can access the best-quality cancer care throughout Europe.

INTRODUCTION, COMMISSIONER KYRIAKIDES

In a video message, Commissioner for Health **Stella Kyriakides**, offered her support for the CRC Summit. She noted that although the EC recommendations date back to 2003, and that the new guidelines were drawn up in 2010, she also recognised that – unfortunately - targets do not always translate into actions.

A key objective of the **Europe's Beating Cancer Plan** was to bridge these gaps and to find new ways to improve cancer care, including through population-based screening. This will require strong commitment from Member States, but will undoubtedly **save both lives and money and prevent suffering**.

Together, she said, we can make a difference.

THE IMPORTANCE OF COLORECTAL CANCER SCREENING, THE CURRENT LANDSCAPE AND CHALLENGES

Framing the day's discussions, **Dr Partha Basu**, Head of the Screening Group, IARC, explained the importance of colorectal cancer (CRC) screening. Although CRC mortality is falling in almost every country in Europe, this could not be attributed to screening alone; there were three leading factors:

- Changes in risk factors;
- Improved disease management;
- Organised, population-based screening.

How does CRC screening impact incidence and mortality?
US studies have shown that screening is effective in reducing CRC incidence, although there is little European data. A recent report showed a huge increase in screening in the EU between 2007-17. However, there were significant differences in how countries approach the process.

While the COVID-19 pandemic has undermined screening efforts, there is evidence that FIT screening levels can be maintained; they do not demand hospital visits; samples can be sent by post – a potentially interesting lesson for post-Coronavirus.

One important development is the increasing incidence of CRC among young adults in Europe in the last 25 years. It is not an ideal population for screening, and demands specific tactics.

PANEL ONE: HOW TO INCREASE PARTICIPATION RATES IN CRC SCREENING

Iris Seriese, detailed the success of the Netherlands Colorectal Cancer Screening Programme, in 2019, 2,2 million people were invited to take part with a 72% uptake. Of those testing positive, 85% had a colonoscopy, of whom 31% had advanced adenomas and 5% had CRC.

The key to success, she felt, was careful planning and the main steps:

- Create a consensus among all stakeholders
- Conduct pilot studies
- Structure the invitations and organize the work flow

At the same time, effective systems are vital; she stressed the importance of careful prior planning. In The Netherlands, this had seen:

- Public tenders for tests, laboratories, packaging etc.;
- Quality assurance and accreditation programmes for endoscopy, pathology, laboratories, etc.;
- Effective IT infrastructure.

Despite the success, challenges remain, particularly to:

- Reach low-socioeconomic status
- Raise rural uptake to urban levels;
- Reach more men;
- Exclude participants ineligible for screening/colonoscopy;
- Improve sample-taking standards;
- Ensure sustainability;
- Establish risk strata;
- Lower the target age group.

PANEL ONE DISCUSSION:

Featuring:

- *Prof **Sylvain Manfredi**, Deputy Secretary of the Francophone Federation of Digestive Cancer, France.*
- ***Dr Morten Rasmussen**, Head of Intestinal Cancer Screening in the Capital Region, Denmark.*
- ***Prof. Jaroslaw Regula** MD, PhD. Coordinator of National CRC screening Programme Poland.*

The panel examined the Netherlands approach, seeking aspects that could help improve coverage as well as examples of future best practice. All countries faced issues in increasing participation rates and bridging the shortfall in desired levels of coverage, with clear commonalities even although challenges varied between Member States.

Two key elements emerged. First, there was a reluctance to embrace testing; overcoming this required identifying the causes of the reticence. Second was a lack of channels to engage those population subgroups that simply weren't being reached.

Conclusions:

- Identify the main barriers to testing uptake;
- Determine why is the fear of testing is greater than that of the disease itself;
- Identify the optimum testing setting; are FIT seen as less effective than hospital-based testing?
- Ensure people trust the motivation for testing; any perception of political motivations must be avoided.

PANEL TWO: HOW TO HAVE AN INTEGRATED CAMPAIGN INVOLVING ALL STAKEHOLDERS

Dr Maria Isabel Portillo Villares, coordinator of the Colorectal Cancer Screening Programme in Spain's Basque Region, described how they had established a coordinated campaign.

The key she believed, was to involve all stakeholders, all of the population and the relevant authorities. The Basque campaign began in 2009, sending FITs by post. Following an initial pilot, the campaign achieved an impressive 72% participation rate among those aged 52-69. In 2013, total coverage was achieved.

The region is seeking to build on its success; quality, cost-effectiveness and inequalities assessment are regularly assessed, verified and enhanced. She stressed that the key elements for a successful integrated campaign were to:

- Invest in preparation;
- Base decisions on the region's or country's own data.
- Involve all stakeholders and get their commitment.

PANEL TWO DISCUSSION

Featuring

- ***Dr Carlo Senore**, Centro Prevenzione Oncologica Regione Piemonte and Azienda Ospedaliero-Universitaria S Giovanni Battista di Torino, Turin, Italy*
- ***Dr Tytti Sarkeala,** Director of Screening, Finnish Cancer Registry Finland*

The panel compared the requirements for establishing the Basque-based campaign with those in other countries. In Italy, it was crucial to have the relevant legislation and policies in place. These would allow for national population-based screening, conducted at a regional level. The regions would provide the required infrastructure such as the IT system, screening promotion, monitoring and training.

In Finland, there were already national screening programmes for breast and cervical cancers; CRC screening was currently in a pilot phase. This pilot had involved coordination between the Clinical and Epidemiology expert group, the Ministry of Health and the National Screening Board. To date, this cooperation had proved productive.

Audience Questions

- *Does the GP have a role to play in CRC screening?*

The panel felt that they play an important role in promoting and encouraging uptake of screening. However, they should not be part of delivering screening tests.

- *Were all countries achieving the same quality standards of colonoscopy?*

The panel felt that quality correlates to how the screening is organised. They stressed the importance of matching screening capacity to likely demand.

PANEL THREE: HOW TO MAKE A LONG-TERM SCREENING EFFORT SUSTAINABLE

Dr Dominika Novak Mlakar, head of the CRC Screening Programme in Slovenia, explained how the country had approached creation of a long term, sustainable screening programme. In 2009, it launched the 'Svit' programme; this used a FIT-based approach, and offered a screening colonoscopy for all patients testing positive. This invited those aged 50-74 every two years to take part. Those that agreed received a testing kit by post.

There had been four key areas that made the exercise sustainable:

1. Stakeholder consolidation; ensure everyone is on board;
2. A legal basis; this helps provide secure financing;
3. Monitoring, analysing, taking action, presenting; make sure what is working is identified;
4. Effective communications; reach people in ways that work.

Audience Questions

- *How do you evaluate the financial impact of a screening programme?*

There was agreement that a 20% reduction in mortality is the threshold to make a programme worthwhile, otherwise the health benefits are not worth it. Fewer CRC patients and less chemotherapy use reduce costs, while the over-50s can continue working.

- *How can you invest sustainably in population-level screening that includes follow up, including colonoscopy and treatments?*

There is a potent economic argument that prevention through screening reduces morbidity. Although screening - even using FIT, the most cost effective approach - will increase costs initially, the reduction in treatment expenditure will ultimately deliver a stronger return on investment.

PANEL THREE DISCUSSION

Featuring:

- ***Professor Jürgen F. Riemann****, FACP Founder and chairman of LebensBlicke Foundation for the Prevention of Colorectal Cancer Germany.*
- ***Prof Padraic MacMathuna*** *MD FRCPI. Clinical Professor of Medicine Clinical Director BowelScreen, Ireland.*
- ***Prof Tomas Poškus,*** *Professor of surgery of Vilnius University and Member of the coordination committee of colorectal cancer screening program, Lithuania.*

The panel compared the work in Slovenia with that in their own countries. In Germany, the CRC screening programme has been in place since 2002. However, uptake in the first ten years had been poor and had led to a change from a FOBT to a FIT approach. There is also a Steering Committee looking for other areas of improvement. Cooperation with other stakeholders was integral; health insurers (who take care of all costs of screening) work with local organisations on awareness-raising.

Ireland had started its screening programme in 2012. The initial target population of a mid-50s to mid-70s had proved economically unviable; it is now focused on 60-69 year-olds. To aid sustainability, there are annual campaigns in partnership with the Irish Cancer Society.

Lithuania had rolled out its nationwide CRC screening programme in 2014. It uses a FIT-based approach. Currently it reaches 23% of the target population, dedicated funds were allocated to the programme from the outset, so financial sustainability was not an issue.

- *How can consistent colonoscopy quality be guaranteed?*

The ECGI Group (European Colonoscopy Quality Investigation Group - www.ecgigroup.eu) is examining how colonoscopy procedure varies between countries. The group seeks to increase awareness of the need to improve colonoscopy standards across Europe.

PANEL FOUR: THE WAY FORWARD: HOW TO COLLABORATE AND SHARE BEST PRACTICES?

Featuring:

- ***Prof Dr Michal Filip Kaminski**, European Chair of the CRC Screening Committee, World Endoscopy Organisation*
- ***Prof Dr Eric Van Cutsem**, Head of Digestive Oncology, Leuven University Hospital, Belgium and Member of the Board of Digestive Cancers Europe*
- ***Valentina Polylas**, Director, European Regional Health Authorities (EUREGHA)*
- ***Dr Iris Lansdorp-Vogelaar**, Associate Professor, Department of Public Health of Erasmus Medical Center, Rotterdam, Netherlands, representing EU-TOPIA*

The panel debated the immediate problems facing screening and the best practices available to improve uptake and outcomes. The main concern was that many countries had yet to launch their screening programmes. Where they had, coverage rates often fell short. There were also quality differences between countries and between national and regional approaches.

The consensus was that FIT-based programmes currently deliver the highest uptake, but that a diagnostic colonoscopy must follow a positive result. Also, a recognition that a regional approach could allow better-tailored campaigns, enhancing uptake.

An area of concern was the exclusion of most-vulnerable groups, who often failed to access screening services. It was important to find channels to reach them. Also, COVID-19 is exacerbating the problem, but there were potential solutions and learnings to be applied once the pandemic is over.

Policy Conclusions

- The DiCE CRC Screening Summit should be the first in a series of events aimed at bringing stakeholders together.
- Sharing experiences at EU level is important; there should be a forum for this.
- The EU's Beating Cancer Plan is an opportunity to amplify the debate on health.
- The screening community needs long-term funding dedicated to cancer.
- Connect people from Screening Organisations on a regular basis
- Involve Endoscopy Organisations and formalize Networks to ensure Continuity

PANEL FIVE: WHAT CAN THE EUROPEAN UNION DO?

Featuring:

- ***Dr Ciarán Nicholl**, Head of Unit, Health In Society, Joint Research Centre, European Commission,*
- ***Ivars Ijabs MEP**, vice-Chair of the European Parliament Special Committee on Beating Cancer (Renew, Latvia),*
- ***Prof. Dr Stephen Halloran**, Screening specialist, Member of the Bowel Cancer Screening Advisory Committee, United Kingdom,*
- ***Dr Calin Bumbulut**, European Union of General Practitioners (UEMO).*

The panel of policy makers and screening experts discussed the future contribution of the EU institutions to CRC screening. 2021 would see the EU's Beating Cancer Plan, as well as the Mission on Cancer, which includes a screening element. The JRC has also developed a concept for another centre on cancer designed to support these. The EU is seeking to become less bureaucratic, with guidelines updated in real time. Meanwhile, the European Parliament is working on proposals to tackle inequalities in the EU in address CRC.

All agreed that the COVID-19 pandemic had undermined cancer prevention overall. It had made it clear that although health remained a national competence, it was clear that inter-country cooperation was increasingly important. The panel all believed that EU approach to effective data collection and use was essential; unified standards would help, as would common EU policies on lifestyle measures.

Therefore, we need to invest in Cancer Registries, support national Governments and establish robust IT Systems which are the backbone of screening, and GP's should be part of the solution.

Conclusions

- There are already numerous examples of best practices; the priorities should be wider implementation and more monitoring.
- A unified methodology for data was essential for a common European approach to cancer, as was improved use of technologies such as machine learning and AI.
- This type of meeting should be an annual event, bringing together people with a range of relevant backgrounds. The meeting should be able to hold the JRC to account for progress.
- Planning and implementing are vital, and political will and financial support is essential in encouraging the development of programmes.
- A strong primary health care sector can also make an essential contribution to screening, particularly in rural areas.
- The same summit to be organized next year allowing this unique process to continue annually and ensure progress is continued as stated by the EU
- All translated into National Action

CONCLUDING REMARKS: THE ROLE OF PATIENT ORGANISATIONS AND CITIZEN GROUPS

Featuring:

- ***Stefan Gijssels, CEO** Of Digestive Cancers Europe (DiCE)*

Closing the meeting, Mr Gijssels thanked all participants and panellists for the contributions. He also acknowledged the work of screening agencies. He took the

opportunity to encourage all participants to sign the Joint Statement produced by DiCE.

He concluded by pointing out that patient organisations can play a positive role in reinforcing the importance of CRC screening and early detection. They can help overcome barriers, advocate for more robust programmes and better and long-term funding.

That, he explained, was the goal of DiCE – to do whatever could be done to prevent citizens from becoming patients. With that, he thanked all for their efforts in making the Summit a success.

Speakers and Panellists

In order of appearance

Tamsin Rose – Moderator

Dora Constantinides – Digestive Cancers Europe, Chair of the Board of Directors

Stella Kyriakides – European Commissioner for Health and Food Safety

Partha Basu, MD, PhD – Head, Screening Group, Early Detection & Prevention Section, International Agency for Research on Cancer, World Health Organisation

Iris Seriese – Program Manager Dutch CRC Screening Program

Prof Sylvain Manfredi- Deputy Secretary of the Francophone Federation of Digestive Cancer, France

Dr Morten Rasmussen- Head of Intestinal Cancer Screening in the Capital Region, Denmark

Jaroslaw Regula, MD PhD – Head, Department of Gastroenterology, Medical Centre for Postgraduate Education, Maria Sklodowska-Curie Memorial Cancer Centre

Isabel Portillo, PhD – The Basque Country Colorectal and Prenatal Coordinator. The Basque Health Service

Carlo Senore MD, MSc, Coordinator, Piedmont Region Screening Program

Prof. Julius Špičák – Professor of Internal Medicine, Charles University Prague and Past President, Board of Society of Gastroenterology, Czech Republic

Tytti Sarkeala, PhD – Director of Screening at the Finnish Cancer Registry

Dominika Novak Mlakar – Head of the CRC Screening Programme, Slovenia

Jürgen F. Riemann, Prof. Dr. – Director emeritus, Dept. Medicine C, Klinikum Ludwigshafen

Prof. Padraic Mac Mathuna – MD FRCPI, Clinical Professor of Medicine Clinical Director BowelScreen, Ireland

Prof Tomas Poškus, Professor of surgery of Vilnius University and Member of the coordination committee of colorectal cancer screening program, Lithuania

Prof. Dr. Michal Filip Kaminski, European Chair of the CRC Screening Committee, World Endoscopy Organisation

Prof. Dr. Eric Van Cutsem – Head of Digestive Oncology, Leuven University Hospital, Belgium and Member of the Board of Digestive Cancers Europe

Iris Lansdorp-Vogelaar, Associate Professor at the Department of Public Health of Erasmus Medical Center, Rotterdam, Netherlands, and representing EU-TOPIA

Valentina Polylas – Director, European Regional Health Authorities (EUREGHA)

Ciarán Nicholl, PhD – Head of Health in Society Unit, European Commission Joint Research Centre

MEP Ivars Ijabs, Vice-Chair of the European Parliament Special Committee on Beating Cancer (Renew, Latvia)

Prof. Dr. Stephen Halloran, Screening specialist, Member of the Bowel Cancer Screening Advisory Committee, United Kingdom

Călin Bumbuluț, MD – President, European Union of General Practitioners (UEMO)

Stefan Gijssels – CEO, Digestive Cancers Europe