



Call to Action on Colorectal Cancer Screening in Europe 2022

Considering that 160,000 people die of colorectal cancer in the European Union (EU) every year, even though many of these deaths are avoidable: preventable and amenable;

Considering that since the EU council regulation of 2003 the incidence of colorectal cancer keeps increasing;

Considering that 80,000 more lives could be saved per year if Member States could 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”;

Considering the European Commission's *Guidelines for Quality Assurance in Colorectal Cancer Screening*, 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 and regional level;

Considering that the European Commission agreed to develop a new EU Cancer Screening Scheme to ensure that by 2025, 90% of the target population is offered colorectal cancer screening

Considering that the European Parliament Advocates launch a platform for national screening centres to share expertise and implement best practices, discuss common challenges and encourage collaboration, based on the model of the European Network for Health Technology Assessment (EUnetHTA);

Considering that strong health information system, collecting data across the full continuation of cancer screening is fundamental to ensure the quality of cancer screening.

Considering that colonoscopy capacity is a challenge for most screening programmes that have acceptable screening coverage (>98%) and participation rates (>60%),

Considering that the COVID-19 pandemic has posed European health systems under extreme pressure and colorectal cancer screening programs have suffered from lower capacity and/or participation

We found that, although in some European countries or regions, colorectal cancer screening is well-organised, e.g., in Slovenia, the Basque region in Spain and the



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Netherlands, in most Member States, colorectal cancer screening does not follow the EU Recommendations and there is great room for improvement.

We, therefore, would underline (1) the urgency for the European Institutions and EU Member State governments to **formalise their support for screening programmes** and (2) the effectiveness on prevention that building successful initiatives has on societies.

- **We encourage** EU Member States to **share best practices and to apply them** in line with their commitment and with the Beating Cancer Plan¹ and BECA report²,
- **We encourage** European organisations to **work together with patient organisations** and provide the bulk of information that colorectal cancer screening reduces mortality
- **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 patient's perspective, psycho-social aspects, information systems, good monitoring and feedback.

JOINT STATEMENT RECOMMENDATIONS

Member State recommendations

1. Follow up on previous actions on 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

On average across Europe, only 14% of citizens between 50- and 74-year-old have the opportunity to participate in a formal population-based colorectal cancer screening. Colonoscopy capacity is a challenge for most screening programmes that have acceptable screening coverage (>98%) and participation rates (>60%).

2. Invest in annual inputs and outcomes metrics

We encourage the Member States to develop, a strong precise and transparent system to report key findings of participation, investment, and performance of the

¹ Europe's Beating Cancer Plan: https://ec.europa.eu/health/system/files/2021-02/eu_cancer-plan_en_0.pdf

² Strengthening Europe in the fight against cancer towards a comprehensive and coordinated strategy: https://www.europarl.europa.eu/cmsdata/243836/BECA%20final%20report_tabled_PE693752v02-00EN.pdf



screening programmes. This approach should include a strong focus on research to understand the obstacle to the programme implementation.

3. Invest in technologies and human resources and support local institutions to set up regional programmes where needed

We urge the Member States to invest in the best technology to ensure high participation rates. We further encourage all national institutions to make sure that all citizens experience a minimal amount of time between a positive test and high-quality colonoscopy. Member States should invest in sufficient capacity to manage colonoscopies and colorectal cancer surgery. Integrated databases will allow for timely invitations and follow-up. All this requires a continuous commitment to invest 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 € today³. Colorectal cancer continues to be a significant burden on healthcare systems, especially because costs increase with more progressive stages. On average, the difference in cost between early-stage and late-stage is probably tenfold, between 4,000€ and 40,000€⁴. Early detection has been demonstrated to be cost-saving to the healthcare system. 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. Ensure coherence and consistency of the political vision and health policy approaches at local and national level

European, national, and regional policymakers should find common ground and be aligned to strongly support the smooth performance of screening programmes and the coherent application of priorities aimed at delivering the best possible treatment for patients.

European Institutions Recommendations

6. Monitor and follow up EU Member States Colorectal Cancer Screening results

It is vital for the European Institutions to keep monitoring and offering guidance to Member States in the future, we ask the Institutions to incorporate in their guidance a section on designing resilient screening programs equipped to maintain service provision during pandemics or similar disruptive events.

³ Hofmarcher T, Lindgren P. The Cost of Cancers of the Digestive System in Europe. IHE Report 2020:6. IHE: Lund, Sweden.

⁴ Hofmarcher T, Lindgren P. The Cost of Cancers of the Digestive System in Europe. IHE Report 2020:6. IHE: Lund, Sweden.



7. Ensure that all EU Colorectal Cancer Screening Agencies take an active role in a common platform to exchange best practices through the organisations of working groups and exchange activities

The Beating Cancer Plan has launched several initiatives to bring stakeholders together aimed at sharing best practices consistently throughout the next years. We ask the European Commission to strongly and closely involve Colorectal Cancer Screening programme leaders and to facilitate the exchange of best practices through the use of a common platform.

All Stakeholder Recommendations

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

Patient-focused groups and organisations can contribute to the process of designing screening programs that have high uptake and to services that can be maintained during challenging times (such as pandemics).

9. To join and provide active feedback to the initiatives organised by the EU institutions in line with the guidelines provided by the Beating Cancer Plan

Setting up national screening programmes requires a seamless operation with the involvement of many stakeholders. We urge all stakeholders, including the policymakers, the regional and local representatives, patient's organisations and the industry to take an active part by providing feedback, collecting and sharing their insights to inform the other partners and look for constructive solutions.

We, as the signatories of this Call to Action, fully subscribe to the 9 Recommendations for Colorectal Cancer Screening in the European Union, as presented in this Document.

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
Institute for Gastroenterological Tumors of Croatia – IGET	Patient Organisation	Croatia



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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
AgaliaZO	Patient Organisation	Greece
Recovering Together Association	Patient Organisation	Hungary
EuropaColon Italia Onlus	Patient Organisation	Italy
Vivere senza Stomaco si puo	Patient Organisation	Italy
Lithuanian Cancer Patient Coalition (POLA)	Patient Organisation	Lithuania
Borka Macedonia	Patient Organisation	Macedonia
Malta Colorectal Cancer Awareness Group – MCR CAG	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
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



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Bowel Cancer UK	Patient Organisation	UK
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