



COLORECTAL CANCER SCREENING IN THE EUROPEAN UNION

Each year, around 156.000¹ citizens die in the European Union (EU) from colorectal cancer (CRC), even though this disease is preventable and treatable if diagnosed in the early stages². For instance, a stage I diagnosis of CRC results in an overall 5-year survival rate of 90%. Stage I means that the cancer growth reaches only through the inner lining of the bowel, or into the muscle wall, but no further³. This rate is reduced to 10% in the metastatic stage IV, in which cancer cells have spread from the colon to other organs and tissues such as the liver⁴. Unfortunately, only 13-15% of patients are diagnosed at stage I⁵.

CRC currently constitutes the second deadliest cancer in the EU in men and the third one in women, whereas mortality rates are highest in Eastern European Member States⁶. Moreover, its incidence is predicted to rise significantly in the next decade, due to an aging population, unhealthy diets, physical inactivity, obesity, use of tobacco and alcohol as well as the long-term effects on cancer care resulting from the COVID-19 pandemic⁷.

The Role of the European Union (EU) Institutions in Improving Cancer Screening Practices

Council of the EU and the European Commission

Despite the EU's limited competence in the national healthcare policy of its Member States, cancer screening is a policy area in which the EU has achieved quite a lot, mainly through Council Screening Recommendation.

Through the Recommendation, issued in 2003, Member States committed to implementing population-based screening programmes for breast, cervical and CRC. When it comes to CRC, the document recommends that all men and women between 50 and 74 years of age should be regularly examined.

Various EU initiatives accompanied the Recommendation document, including the European guidelines for quality assurance in CRC screening for cancer screening.



The Commission is now working to update the 2003 Council guidance, based on the latest scientific evidence. Proposal for a recommendation is planned for Q3 2022, as part of Europe's Beating Cancer Plan (BCP) implementation.

European Parliament: Special Committee on Beating Cancer (BECA) and Committee on Environment, Public Health and Food Safety (ENVI)

Alongside the activities of the European Commission, the European Parliament has also been active in the field of cancer, most recently through the establishment of its Special Committee on Beating Cancer (BECA), as well as the overarching parliamentary activities of the Committee on Environment, Public Health and Food Safety (ENVI).

The **BECA Committee** was established in 2020 for one year, to provide European Parliament's input following the publication of the BCP.

1. Colorectal cancer burden in EU-27. From https://ecis.jrc.ec.europa.eu/pdf/Colorectal_cancer_factsheet-Mar_2021.pdf, accessed on 01/02/2022. © European Union, 2022

2. The process of detecting cancer or precancerous growths in the colon or rectum.

3. Stage I. From <https://www.cancerresearchuk.org/about-cancer/bowel-cancer/stages-types-and-grades/number-stages/stage-one>. Cancer Research UK, 2022

4. Treatment of Colon Cancer, by Stage. From <https://www.cancer.org/cancer/colon-rectal-cancer/treating/by-stage-colon.html>, accessed on 04/01/2022. © American Cancer Society, 2020

5. Figures from the US and the UK come to comparable results: American Cancer Society: Survival Rates for Colorectal Cancer, by Stage, 2018 and Bowel Cancer UK, Figures 2006.

6. Colorectal cancer burden in EU-27. From https://ecis.jrc.ec.europa.eu/pdf/Colorectal_cancer_factsheet-Mar_2021.pdf, accessed on 01/02/2022. © European Union, 2022.

7. Estimated impact of the COVID-19 pandemic on cancer services and excess 1-year mortality in people with cancer and multimorbidity: near real-time data on cancer care, cancer deaths and a population-based cohort study From <https://bmjopen.bmj.com/content/10/11/e043828>, accessed on 04/01/2022.

While BECA's mandate came to an end on 23 December 2021, the Members of the European Parliament (MEPs) have expressed their readiness to continue their work in the field of cancer, including through the ENVI Committee.

The establishment of the BECA Committee presented a great opportunity for the MEPs to engage in the creation of a common cancer treatment framework under the BCP.

From its beginning onwards, the Committee continually aimed to involve the myriad of stakeholders that are relevant to forming this framework.



One of the Committee's main tasks during its term was to establish concrete recommendations for Member States, which was done through the development of a report *Strengthening Europe in the fight against cancer - towards a comprehensive and coordinated strategy*. The report:

- encourages the promotion of CRC screening as part of population-based national and regional programmes,
- supports Member States in achieving coverage of 90 % of the EU population who qualify for CRC screenings by 2025,
- calls for the full implementation of the European guidelines for quality assurance in CRC screening,
- welcomes the upcoming update of the 2003 Recommendation, to take into account new screening tests and the most recent data on the best screening protocols (magnetic resonance colonography, risk stratified approaches and risk calculators).

The **ENVI Committee** is responsible for dealing with health-related policy topics, alongside environmental and food safety ones. With 81 MEPs being Member, the Committee currently forms the largest committee in the European Parliament.

With the end of the BECA mandate, the ENVI Committee will be working closely in collaboration with the European Commission on the proper implementation of the BCP, including the development and implementation of the new Recommendation on cancer screening. Below are listed a few MEPs engaged in healthcare and CRC in particular.

MEP Véronique Trillet-Lenoir (Renew, FR), who is an oncologist by education and experience, affirms the importance of adequate screening practices. She notes that "the revision and extension of European recommendations on cancer screening, among others, could reduce significant inequalities remaining in access to quality-assured cancer screening".

MEP Bartosz Arłukowicz (EPP, PL), former Polish Health Minister and paediatrician by training, is a strong advocate of enhancing cancer screening practices. He notes: "The biggest problem with digestive cancers is that they are diagnosed at the late stages. The European Beating Cancer Plan is a good direction towards changing that, and improving screening programmes in the EU.

In light of the EU Health Programme, MEP Cristian Silviu Buşoi (EPP, RO) called attention to the need for increased efforts to address the lack of cancer screening, early diagnosis and access to treatment and care.

Best Screening Practices in the EU

Despite a long track record of EU institutions' activities, to date, only three Member States have fully implemented the screening programmes as intended and only 14% of European citizens have the opportunity to participate in the programmes⁸.

The implementation of screening programmes varies between countries: some Member States have formal population-based screening programmes for all citizens between 50-74 years old (Slovenia, France, and Ireland), while some implemented regional-approach towards screening. Five Member States do not have screening programmes at all (Bulgaria, Denmark, Estonia, Iceland, Romania)⁹.

Although in certain European countries or regions, CRC screening is well-organised, in most Member States, CRC screening does not follow the EU Recommendation. For these countries, which did not manage to successfully establish screening programmes, inspiration can be gained from best practice countries.

<p>The Netherlands – Increasing screening through targeted mail outreach</p>	<p><u>When:</u> The Netherlands established a concrete governance structure to ensure capacity and quality execution at every level. The first pilot projects were initiated in 2006, followed by a feasibility study in 2009. Initial preparations were done in 2011 and the actual roll-out to achieve full population screening by 2019 started in 2014.</p> <p><u>How:</u> To improve screening, the invitation letter was sent to people in four languages, based on how residents are registered: Dutch, English, Arabic and Turkish. The letter is sent every two years to all men and women between 55 and 75 years old.</p> <p><u>Results:</u> More than 70% of citizens have participated in the screening test, which is the highest level globally for a nationwide programme. Before the screening programme, 17% of patients were detected in stage I, and thanks to the screening programme, this number has increased to 48%. This means that the lives of thousands of patients have been saved, and costly surgery and treatment avoided.</p> <p>The Dutch government expects their screening programme to result in 2,400 lives saved per year by 2031 as compared to today. The cost of the screening programme is estimated at 2,200€ per life year gained.</p>
<p>Spain's Basque region – Great successes through primary care involvement</p>	<p><u>When:</u> The Basque region has shown great progress over the past decade, increasing the participation rate of its citizens to 72% with its programme initiated in 2008, which is one of the best achievements globally. This success can be explained by the involvement of all primary care professionals and the trust of the population in the regional public health system, as well as the strong commitment from the team behind the programme.</p> <p><u>How:</u> Citizen databases were linked with medical databases and cancer and mortality registries, allowing for the better identification of the eligible population and obtaining follow-up data. All men and women between 50 and 69 years old were sent a self-testing kit by post by the Primary Health Centers. All citizens who obtained a positive test are able to have a colonoscopy within 30 days after they receive their test results.</p> <p><u>Results:</u> The significant 23.1% greater 5-year survival of the participants in the CRC screening programme, suggests that the incidence and mortality rates of CRC will decrease in the near future.</p>
<p>Finland – Best practice from lack to some screening</p>	<p><u>When:</u> In 2021, the Finnish Government amended the Government Decree on Screenings. The amended text introduced that screening for CRC will be conducted nationwide from 2022 onwards, for men and women aged 60–68 years. It is planned to expand the screening to all people aged 56–74-year by 2031.</p> <p><u>How:</u> The national Cancer Registry will support municipalities in launching the new screening programme. Screening is carried out in accordance with the established Protocol for CRC screening and tests used in screening.</p>

The Road Ahead for CRC Screening in EU Policy

The European Commission is dedicated to saving lives through cancer screening and early detection. During the 2nd Colorectal Cancer Screening Summit organised by DiCE, Commissioner for Health and Food Safety Stella Kyriakides shed more light on the Commission's plans as regards EU policy framework and CRC screening:

- the update of the Council Recommendation on cancer screening,
- a call for evidence to be launched this year, to which DiCE and other organisations can contribute,
- establishment of a Cancer Inequalities Register that will help to identify national and regional challenges and specific areas of action.

The Commissioner added that she is confident that these actions will contribute to setting up and improving national programmes, as well as helping to address the inequalities within and between Member States with regards to efficient and effective screening.

The European Commission published in November 2021, an implementation roadmap and progress indicators for Europe's Beating Cancer Plan to monitor developments on the ten flagship initiatives as well as its other actions.