Foreword

The European Commission considers it a priority to help in preventing death from cancer by early detection through screening programmes. Thus the third action plan to combat cancer, better known as the Europe against Cancer programme, has helped to provide evidence for European high quality cancer screening programmes. A \textit{conditio sine qua non} to establish and to monitor the efficacy of any cancer screening programme is the European-wide availability of high quality cancer registries, which is the objective of the European Network of Cancer Registries (ENCR), another priority of the Europe against Cancer programme.

While early detection of a specific cancer by screening appears, at first sight, to be a promising method of preventing death, conclusive evidence on its efficacy at the public health level must first be established. For cancer of the cervix uteri, for example, this was possible, using time trend analyses, based originally on data from population-based cancer registries in the Nordic countries. For breast cancer screening using mammography, the evidence of benefit is largely based on fairly small screening trials, and somewhat varying results of population based time trend analyses. Overcoming these shortcomings became the prime objective of the European Breast Cancer Screening Network, which has aided in establishing European-wide guidelines for more uniform high quality breast cancer screening. In turn, this improved the comparability of the available data from different national settings, demonstrating true European added value.

It seems likely that new screening programmes will be implemented as public health policy based upon limited screening trials, usually without a mechanism for evaluation of their effectiveness. However, it is not self-evident that the positive results of screening trials will be replicated in a service setting, let alone be readily transferable to other countries with different health care systems. In this instance, one of the few tools available to evaluate the results of such new public health interventions is the population-based cancer registry.

A number of factors may affect the efficacy of a screening intervention in the long term. There are examples where the anticipated results of a new screening policy were not achieved, but where, after critical re-evaluation, the organisation of the programme was remodelled yielding satisfactory results. In the era of evidence-based medicine, this routine monitoring of the performance of existing screening programmes is of utmost importance. Population-based cancer registries are uniquely placed to provide the data needed for these processes.

This monograph provides a wide range of experiences from cancer registries in Europe and North America in the evaluation and monitoring of existing screening programmes. As such, I hope it will aid researchers in choosing the necessary data and applying appropriate methods. The reader should also realise that despite more than 30 years' experience, there are still very demanding aspects in the evaluation and monitoring of screening programmes. These challenges need very careful consideration in each unique setting.

David Byrne
Commissioner
Health and Consumer Protection Directorate-General
European Commission