

## Joint Statement

# Call for action on Colorectal Cancer Screening in the EU

*Considering* that 160,000 people die of colorectal cancer in the European Union (EU) every year<sup>1</sup>, despite the fact that many of these deaths are avoidable: preventable and amenable<sup>2</sup>; considering that 80,000 more lives could be saved per year if Member States were able to 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 have 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"<sup>3</sup> and *considering* the European Commission's *Guidelines for Quality Assurance in Colorectal Cancer Screening*<sup>4</sup>, 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 level:

- We urge the European Institutions and EU Member State governments to recognise the effectiveness of screening programmes and the central role that building successful prevention initiatives has on societies.
- We encourage EU Member States to share best practices and to apply them in line with their commitment,
- 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 psycho-social aspects, information systems, good monitoring and feedback.

### Member State Recommendations:

1. The development of 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
2. Invest in annual inputs and outcomes metrics
3. Invest in technologies and human resources
4. Ensure that total health economic value is measured
5. Ensure coherence and consistency of the political vision and health policy approaches at local and national level

### European Institutions Recommendations

6. Monitor EU Member States Colorectal Cancer screening statistics and results
7. Ensure that all EU Colorectal Cancer Screening Agencies join a common platform to exchange best practices

### Other stakeholders

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

---

<sup>1</sup> European Cancer Information System (ECIS), 2020

<sup>2</sup> Eurostat Definitions : Avoidable mortality is split between preventable and amenable mortality: preventable mortality is defined as deaths that could be avoided through public health and prevention interventions, whereas amenable (or treatable) mortality is defined as deaths that could be avoided through effective and timely health care (Eurostat, 2018).

<sup>3</sup> European Council Recommendation on Cancer Screening, 2 December 2003

<sup>4</sup> European Commission's Guidelines for Quality Assurance in Colorectal Cancer Screening, 2010

## JOINT STATEMENT RECOMMENDATIONS

### Member State recommendations

**1. The development of 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**

The best-performing countries, taking into account the double objective of national coverage and high participation rates among the target population, are Slovenia, the Netherlands, Denmark and Lithuania. Most Member States do not have national screening coverage in the complete target population.

Data collected in 2019, show that only 14% of the EU population have the opportunity to participate in colorectal cancer formal population-based screening programmes<sup>5</sup>.

**2. Invest in annual inputs and outcomes metrics**

Every Member State should have precise and transparent metrics about the investments made in colorectal cancer screening programmes, in the number of citizens tested and treated by age group and by stage of the disease, while at the same time measuring the actual outcomes in terms of detection rates by age and stage of the disease, as well as incidence, mortality and 5-year survival.

**3. Invest in technologies and human resources**

Setting up national screening programmes requires a seamless operation with the involvement of many stakeholders. The end result should be that all citizens can get screened with the best technology that ensures high participation rates, with minimal time between a positive test and high quality colonoscopy, with sufficient capacity to manage colonoscopies and colorectal cancer surgery. Integrated databases will allow for timely invitations and follow-up. All this requires a solid investment 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 €<sup>6</sup> today. This highly avoidable and treatable disease places a significant burden on healthcare systems, especially because costs increase with more progressive stages. On average, one might say that the difference in cost between early stage and late stage is probably tenfold, between 4,000€ and 40,000€<sup>7</sup>. Early detection has demonstrated to be cost saving to the healthcare system<sup>8</sup>. 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**

In many EU Member States, the colorectal cancer screening programmes fall within the mandate of the regional health authorities, but the curative part of treatment is the responsibility of the national health authorities, with different budgets and priorities. In order to ensure a seamless organisation, regional, national and European policies should be aligned and implemented.

---

<sup>5</sup> Digestive Cancers Europe, 2019

<sup>6</sup> Thomas Hofmarcher et al. « The Cost of Digestive Cancers in Europe », Swedish Institute for Health Economics, 2020

<sup>7</sup> Digestive Cancers Europe: « White Paper on Colorectal Cancer Screening in Europe », 2019

<sup>8</sup> Arrospeide et al. Cost-effectiveness and budget impact analyses of a colorectal cancer screening programme in a high adenoma prevalence scenario using MISCAN-Colon microsimulation model  
BMC Cancer (2018) 18:464

#### European Institutions Recommendations

##### **6. Monitor EU Member States Colorectal Cancer screening results**

Within its mandate of disease prevention, the European Commission could have a systematic tracking of colorectal cancer screening with annual statistical comparisons of national coverage, number of citizens tested, number of early detections, number of surgical interventions and the ensuing reduction in incidence and mortality. Having this statistical tool will allow Member States to evaluate progress.

##### **7. Ensure that all EU Colorectal Cancer Screening Agencies join a common platform to exchange best practices**

We ask the European Union and Member States to establish an EU Colorectal Cancer Screening Exchange Platform. Today, there is no systematic interaction between the Member States on the topic of CRC screening. Considering that CRC screening programmes are highly complex and require a lot of operational interaction with different partners, exchanging information that allows to increase effectiveness and efficiency, seems vital. This platform could ensure that best practices are shared.

#### Other stakeholders

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

The quality of any CRC population-based screening programme depends on the collaboration between all stakeholders, from understanding citizen psychology, information infrastructure, testing technology and capacity, diagnostic and treatment capacity, and political commitment. All involved stakeholders, with colorectal cancer patient associations at the centre, should be able to collect and share their insights in order to inform the other partners and look for constructive solutions.

**We, as the signatories of the Joint Statement, fully subscribe to the Eight Recommendations for Colorectal Cancer Screening in the European Union, as presented in this paper.**

**List of signatories (TBC)**