Cancer screening

2003/0093(CNS) - 22/12/2008 - Follow-up document

This report examines the implementation of Council Recommendation 2003/878/EC of 2 December 2003 on cancer screening programmes. Recall that the Recommendation spells out fundamental principles of best practice in early detection of cancer and invites Member States to take common action to implement national cancer screening programmes with a population-based approach and with appropriate quality assurance at all levels, taking into account European Quality Assurance Guidelines for Cancer Screening, where they exist. Updated and expanded EU guidelines for breast and cervical cancer screening have recently been published by the Commission; comprehensive European guidelines for quality assurance of colorectal cancer screening are currently in preparation.

Moreover, the Recommendation invites the European Commission to report on the implementation of cancer screening programmes, to consider the extent to which the proposed measures are working effectively, and to consider the need for further action. This is the first such report.

Main findings: after circulatory disease, cancer is the second most common cause of death in the European Union in 2006, accounting for two out of ten deaths in women, which amounts to a total number of 554 000 women, and three out of ten deaths in men, which amounts to 698 000 men. Due to the ageing population this number is expected to rise further every year, if no preventive action is taken by the EC and the Member States.

As regards cancer cases, every year, 3.2 million Europeans are diagnosed with cancer, most of whom are suffering from breast, colorectal or lung cancers. However, the burden of cancer is far from being equally distributed across the European Union. **Breast, cervical and colorectal cancer** are a major cause of suffering and death in the Member States of the European Union. According to estimates of incidence and mortality by the International Agency for Research on Cancer (IARC), there were 331 000 new cases and 90 000 deaths due to breast cancer, and 36 500 new cases and 15 000 deaths due to cervical cancer among women in the EU in 2006. At the same time, new cases of colorectal cancer were estimated at 140 000 in women and 170 000 in men. Colorectal cancer deaths were estimated at 68 000 for women and 78 000 for men in the EU. Together, **these cancers account for almost one out of two (47%) new cases and one out of three (32%) cancer deaths in women in the EU**. In men, colorectal cancer currently accounts for one out of eight (13%) new cases and one out of nine (11%) cancer deaths.

Main conclusions: four years after the adoption of a Recommendation on Cancer Screening, most Member States have acted on the Recommendation and intend to undertake further action where implementation is not yet complete. Thus, the formulation of joint priorities and principles of health policy at the European level has been followed up by actions at the level of the Member States to implement the shared policies and priorities.

Nevertheless, and despite these substantial efforts, overall the EU is still only around half-way towards implementing the Recommendation. Slightly less than half the population who should be covered by screening according to the Recommendation actually are and less than half of those examinations are performed as part of screening programmes meeting the stipulations of the Recommendation. This illustrates the **need for greater efforts within Member States**, supported by collaboration between Member States and professional, organisational and scientific support. Substantial added value may be expected from such support and from additional efforts to improve and maintain high quality of screening programmes.

Even though the current volume of activities is still far from the level which can be expected in the future, the current expenditure in human and financial resources is already considerable. A sustained effort is therefore necessary at Community level and within Member States in identifying appropriate and effective measures to assure the quality, effectiveness and cost-effectiveness of current and future screening activities, taking into account scientific developments. Regular, systematic investigation, monitoring, evaluation and EU-wide status reporting on implementation of cancer screening programmes will continue to support exchange of information on successful developments and to identify weak points requiring improvement.

Cancer continues to represent one of the greatest burdens of ill-health within the European Union. The Recommendation on cancer screening represents a shared EU-wide commitment to taking practical steps to minimise that burden in practice, to the benefit of individual citizens and their families as well as to society as a whole. Actions to better monitor and **prevent cancer** at Community and Member States' level can help to reduce the number of cases arising at all. Application of **best-practice treatment** can help to ensure better outcomes for people with cancer, as can European cooperation on **cancer research** for the future.

In 2009 the Commission intends to launch a partnership for action against cancer. This partnership intends to put in place EU-wide commitments on concrete action to prevent and control cancer and thus contribute to reducing inequalities in tackling cancer. It will aim to support the Member States by providing a framework for identifying and sharing information, capacity and expertise in cancer prevention and control, and by engaging relevant stakeholders across the European Union in a collective effort to reduce the burden of ill health that cancer represents.