



Implementing the EU Recommendation on cancer screening in 4 Member States: A collaborative project between EFPIA Oncology Platform (EOP) and All.Can (2023-24)

Project Report – 15 July 2024

Executive Summary

The adoption of an updated EU-wide cancer screening recommendation in December 2022 represents an important step forward in cancer prevention within the framework of the broader EU action plan against cancer (*Europe's Beating Cancer Plan*). The positive impact this measure can have on people and health systems requires political commitment and adequate resourcing from Member States towards its implementation, with support from the cancer community and beyond.

Goal of the project:

- All.Can and the EFPIA Oncology Platform (EOP) started a collaboration in April 2023 and continued in 2024 to promote a constructive and evidence-based dialogue on the implementation of the cancer screening Recommendation in four EU countries – Belgium, Italy, Romania and Spain – as a further step towards greater efficiency in cancer care and better health outcomes.
- Through high-level roundtables and policy dialogues, the national All.Can community, key stakeholders and decision-makers in the four countries: i) have taken stock of the local cancer policy framework; ii) raised awareness on the EU Cancer Screening Recommendation; and iii) discussed routes for country-level implementation. This also included a better understanding of the mechanisms to access the EU funding routes.

Key country activities:

- **Awareness raising and communications activities** in all 4 countries.
- **Policy research** (RO, BE, ES) to support multistakeholder events: eg stakeholder survey; white paper; policy recommendations.
- **High-level Roundtables (in person and virtual)** organized in all countries in line with political context and developments.
- **1:1 stakeholder engagement** – IT and BE

Key learnings across the 4 countries:

- Urgent and sustained **policy leadership and collaborative actions** at all levels are crucial to strengthen cancer control and build efficiency in cancer care, aligning evidence-based policies, practices, technologies, data systems, organisational frameworks, and incentives.



- **Appropriate funding** for screening programmes both for infrastructure and human resources should be made available as matter of priority.
- Develop and implement comprehensive **public education and awareness** campaigns about the importance of screening and early diagnosis of cancer. Make sure to include GPs and employ appropriate digital tools.
- Continuously **monitor and evaluate** the screening programmes to inform evidence-based improvements and policy development.

Introduction

The (non-binding) EU Recommendation on cancer screening was adopted by Member States in December 2022 and it is now up to individual European Union countries to implement its provisions at local level.

In that regard, the overall goal is to ensure that more people affected by cancer benefit from early detection and appropriate treatment and that screening is recognised as an investment in greater efficiency of cancer care, based on latest scientific evidence.

More specifically, this collaborative project brought together All.Can's national chapters in a select number of Member States to build political momentum for the consolidation of screening programmes' efforts (for cancers included in the Cancer Screening Recommendation before 2022 revision: ie breast, colorectal, cervical) and for the introduction of new screening programmes (for the cancer types added during the revision of the Cancer Screening Recommendation: ie lung, prostate, gastric) through an evidence-based multi-stakeholder dialogue, which includes policy makers.

EOP and All.Can agreed to focus on Spain, in light of its EU Presidency's interest in cancer; Italy, given the recent adoption of its comprehensive National Cancer Plan (PON); Belgium, due to All.Can Belgium's active engagement on the topic and the upcoming EU Presidency; and Romania, as the recent development of its National Cancer Plan and the proposals for lung and prostate screening in that plan could be encouraged.

The objectives pursued in the countries involved, and the related deliverables expected from the various teams, can be summarised as follows:

- To raise awareness on the latest EU Recommendation on cancer screening, urging the expansion, based on scientific evidence from existing good practice and pilot projects, of screening programmes in place at present in the National Health System
- To gather first-hand insight on how this new Recommendation is perceived by key public decision-makers, both at national and regional level



- To establish a forum for promoting new programmes' implementation, for sharing best practices in cancer screening at all levels of jurisdiction, and for engaging and aligning experts, patients and public decision-makers.

Country Engagement

1. Activity progress in Belgium

Cancer screening is organised at regional level in Belgium with cancer types currently covered: breast, colon and cervical. Federal governance system and National elections have delayed decisions on program implementation

An important part of the discussions in Belgium revolve around the feasibility of population-based lung cancer screening is the cost-effectiveness of such a program. An advise of KCE (Knowledge Center Belgium) and the HGR/CSS (High Health Council) was published in April 2024¹.

The Flemish Task Force on Lung Cancer Screening hosted a symposium on challenges in lung cancer screening on 19 April 2024, in the presence of most Flemish stakeholders. Prof. Van Meerbeeck is a member of All.Can Belgium and the chair of the task force.

In brief

- Focus: EU Recommendation + lung cancer as key example
- **Survey** on state of play re cancer screening with +- 35 stakeholders in development. Results will feed into a white paper to be published at the end of Summer 2024.
- **Multistakeholder roundtable** on cancer screening hosted on 10th July 2024.

Actions

- 1:1 meetings held with relevant stakeholders in all three regions (authorities responsible for setting-up screening programmes, insurers, Sciensano, cancer organisations, HCPs).
- November 2023: All.Can Belgium establishes and launches the multi-stakeholder Lung Cancer Working Group (LCWG), to address critical needs within the lung cancer care pathway. The group also works on new screening recommendations. It is understood that despite the focus on lung cancer, explicit reference is made to the full EU cancer screening recommendation, used as the context to discuss lung cancer screening more specifically.

¹ <https://kce.fgov.be/en/lung-cancer-screening-in-a-high-risk-population>



- Q1 2024: Development of a survey (10 questions + in-depth qualitative interviews) to understand the state of play in Belgium regarding lung cancer screening implementation, which will serve as a basis for a White Paper to be issued in 2024.
- February 2024: A Call to Action with an explanatory [memorandum](#) was published, including a recommendation to screen for lung cancer in high-risk populations.
- **A roundtable to discuss gaps and opportunities of lung cancer screening programmes with key Belgian stakeholders was held on 10th of July** as two key stakeholders, KCE (The Belgian Healthcare Knowledge Centre) and the High Health Council, published their annual reports in April 2024. Both reports address, among others, cost effectiveness of screening programmes.
- Final White Paper will be published (with scientific publication and press release) in late Summer 2024 to include all the above policy reports, interviews and discussions.

Findings

Despite significant advances, there are still major challenges in managing lung cancer. The [KCE report](#) on lung cancer screening in a high-risk population was issued in April 2024. It highlights that lung cancer screening has been shown to reduce lung cancer mortality and overall mortality among the screened high-risk individuals. However, some participants receive an indeterminate result where a new scan is performed and sometimes there is a false-positive result. These benefits and harms are significant. It is therefore important for the government to weigh them up when considering lung cancer screening. And if it decides to launch screening, potential participants should also be given full and clear information about it beforehand. This is an ethical obligation, even if it leads to lower participation rates.

Lung cancer screening can be cost-effective if the government's willingness to pay is between €20 000 and €30 000 per QALY gained.

The roundtable hosted by All.Can Belgium on 10 July involved key stakeholders and highlighted sensitivities and challenges still related to the topic of lung cancer screening². However a number of recommendations were agreed and will be inserted in the White Paper to be published by All.Can later in the Summer.

Impact of the project

To be updated following the roundtable discussion and the publication of the White Paper

² The Flemish federation of GP's (Domus Medica) did an appeal in the media against lung cancer screening <https://www.hln.be/medisch/vlaamse-huisartsenfederatie-roept-op-minder-snel-op-longkanker-te-screenen-waarom~ac4c0106/>



2. Activity progress in Italy

In Italy, 395,000 new cancer cases were diagnosed in 2023, the most frequently diagnosed disease being breast cancer (55,900 cases), followed by colorectal cancer (50,500 cases) and lung cancer (44,000 cases).

There are three organised screening programs in Italy. The rates of acceptance to screening invitations differ from region to region (North and Center Italy is higher than in the South, for ex.). The target population is invited to get tested on a routine basis; however, the pandemic has negatively impacted on patient's response to the active call.

Furthermore, the opportunity to set up pilot screening programmes based on the search for documented hereditary history of cancer must be considered, especially in connection to the BRCA1 and BRCA2 genes which, in addition to breast and ovarian cancer, may be linked to other types of cancers, including prostate cancer.

In brief

- **Press conference** setting the scene on cancer screening with key policymakers
- All Can Italy **article** on cancer screening published on Healthcare Policy magazine
- **Policy roundtable** on cancer screening held at Italian MoH.

Actions

- July 2023: Briefings were held with members of Parliament to raise awareness on the content of the Recommendation, after a preliminary stakeholder mapping and crafting a compelling narrative to highlight the main points of interest in the Recommendation.
- Senator Elena Murelli (Lega – majority) championed this initiative and a press conference was held at the Senate to highlight this collaboration. In the second part of the project All.Can partnered directly with the Ministry of Health, via the Director of Prevention Unit.
- 15 Feb 2024: The project was concluded with a high-level conference at the Ministry of Health coalescing representatives of patient associations and scientific societies.
- Several media articles appeared during and after the completion of the project.

Findings and Recommendations

1. **Commitment of the MoH:** The MoH will continue focusing on boosting screening adherence throughout Italian regions. In addition, it will partner with several regions to pilot screening programs, e.g. for prostate cancer. As in the case of the national lung cancer programme, the aim is to collect and analyze the data to assess the full-scale implementation of the programmes.



2. Emphasize the **involvement of caregivers and general practitioners (GPs)** in raising awareness and ensuring early cancer screening for patients.
3. **Allocate appropriate funding for screening programs**– Resources from the National Health Fund should be allocated for priority interventions, including screening programs. These incentives should be matched by penalties for regions that do not reach screening targets.
4. **Prevention and early detection awareness:** investments should be made to raise awareness about the importance of prevention and early detection among the general population. Digital technologies play an important role in boosting adherence and awareness, especially among hard-to-reach communities.
5. **Patients as active players in their care:** patients and patient advocates should be actively involved in decision related to their care and treatment. While there are several bills on the Parliament agenda that would allow for the participation of patients' associations in the decision-making process, it is imperative to continue advocating for such measures to ensure their adoption into policy and then their implementation in practice.

Impact of the project

All.Can has successfully brought the attention to a European approach which had not been raised in the national political debate. In particular, many members of Parliament were not aware of the EU Recommendation prior to All.Can's activities.

However, stakeholders are aligned regarding the need to ensure the timely execution of the Recommendation and urged Government to commit towards its implementation in the Italian health setting.

A challenge remains in aligning national and regional decision-making and funding, with some northern regions being more advanced than the rest. However, a bottom-up approach that enables to share learnings and best practice across regions could accelerate implementation across the country in a more equitable way and, at the same time, help the government to align regional initiatives.

3. Activity progress in Romania

Decreasing trends in mortality have been observed for lung cancer, gastric cancer, oral cancer, and brain cancer, but the reductions have been smaller than those seen in the EU. For instance, lung cancer mortality in Romania decreased by 3%, compared to 9% in the EU. Romania



exhibits particularly high rates of mortality from gastric cancer and although it has decreased by 17% in the last decade, remained 60% higher than the EU average in 2019.

In Romania, screening for preventable cancers is still in its early stages of development, delivered opportunistically rather than through a more effective population-based approach. The only active screening programme funded by the Ministry of Health is for cervical cancer, which sees low participation rates and limited geographic coverage. For breast cancer and colorectal cancer, pilot programmes have been conducted at regional level.

Efforts are underway to transition to organised screening to align with the EU Recommendation on screening to expand and improve screenings, including for cervical, colorectal, breast, lung, gastric and prostate cancers.

In brief

Media: dissemination of screening related articles and infographic on [Raportul de gardă](#) and through local media channels

Webinar focusing on knowledge transfer from EU KOL to local audience organized on 29 November 2023

Summary report on challenges and opportunities in implementing EU Recommendation on cancer screening.

Actions

- Awareness raising on the importance of cancer screening, both among the general public and policymakers, by creating an [EU Screening Recommendations Knowledge Hub](#) on the Romanian health communication platform [Raportuldegardă.ro](#). This is particularly crucial in Romania, where screening rates are low and the incidence of diseases like cervical cancer is high. This was complemented by dissemination through the weekly radio show at Radio Romania Cultural – *Science 360*.
- The webinar held at the end of November 2023 provided the latest updates in EU cancer screening guidelines and their implications for Romania. Despite the clear benefits, the path to implementing effective cancer screening programmes in Eastern Europe has many challenges, including financial constraints, lack of infrastructure, and low health literacy. Overcoming these obstacles requires strong political will, investment in healthcare, and collaboration with international organisations and experts.

Findings and Recommendations

1. **Strengthen Infrastructure:** Invest significantly in healthcare infrastructure to support the expansion of organised population-based screening and improve the quality of care. European funds can be pursued to this end.



2. **Increase Public Awareness:** Launch comprehensive public education and awareness campaigns about the importance and benefits of cancer screening, culturally sensitive and target both urban and rural populations.
3. **Improve Access:** Develop strategies to ensure that screening programmes are accessible to all, especially vulnerable groups in rural and less developed regions – mobile screening units and community health outreach programmes.
4. **Monitor and Evaluate:** Establish robust mechanisms for the continuous monitoring and evaluation of screening programmes – include collecting and analysing data on participation rates, cancer incidence, and outcomes to inform continuous improvement and policy development.
5. **Legislative and Policy Reform:** Advocate for the swift implementation of the National Cancer Control Plan and the Operational Health Plan. Work towards removing bureaucratic barriers and ensuring that these plans are fully funded and prioritised within the national health agenda.

Impact of the project

The project emphasized the importance of organised, population-based screening programs for improving public health outcomes in Romania. Ongoing developments in cancer policy, supported by key stakeholders, particularly focus on lung cancer screening, suggesting accelerated implementation in 2024 and beyond.

Romanian officials, academia, civil society, patient organisations, medical institutions, and tech & innovation sector express strong support for EU's new cancer screening recommendations. Commitment from Romanian authorities, including funding allocation and effective monitoring, is crucial. Quality control, well-equipped facilities, and adequate treatment capacities are essential for program success.

Experts advocate for optimising the patient journey through multidisciplinary teams and specialised centers, citing successful colorectal cancer screening pilots that detected early-stage cancers effectively.

4. Activity progress in Spain

Screening programmes currently implemented in the National Health System include breast, colorectal and cervical, whereas lung and prostate screening are only present through randomised trials to study their efficacy. However, there is insufficient evidence so far to recommend their implementation. There is no reference to gastric cancer (National strategy



against cancer, 2021). Some good practice examples exist at regional level, for instance in Galicia and Andalusia.

Against this background, there is an opportunity to promote the implementation of EU recommendations as part of the Spanish contribution to the Europe's Beating Cancer Plan and the interest shown by government officials and other stakeholders to support policies for better patient outcomes.

In brief

Experts' workshop on cancer screening in Spain

Multistakeholder roundtable on cancer screening held at EU representation in Madrid

Media: Press release and dedicated articles featured in 33 journals & 16 posts on social media.

Actions

- Analysis of the state of cancer screening in Spain, both at national and regional level, and its alignment with the EU cancer screening recommendation, including identification of best practices in cancer screening in Spain (leading regions and leading programmes). Key stakeholders mapping to identify the KOLs for each type of tumour (scientific societies and patient associations).
- 20 Dec 2023: Experts' workshop on cancer screening in Spain with output of discussions forming policy recommendations and presented at multistakeholder roundtable on cancer screening.
- 22 Feb 2024: Multistakeholder roundtable on cancer screening held at EU representation in Madrid. Format: two panel discussions with 1) technical experts and 2) policymakers including representatives from MoH and the regions.

Findings and Recommendations

1. **Priorities for the MoH:** The Ministry of Health should prioritise harmonizing existing screenings nationwide. It plans to create a working group to evaluate the CASSANDRA pilot project for lung cancer and its feasibility for further extension. The Ministry will also assess prostate screening based on scientific evidence and pilot projects. Additionally, establishing a shared information system for cancer indicators to guide future screening programs is recommended.
2. **Recommendations highlighted by the speakers around cancer screening:**



- Prioritise stratification and personalisation using biomarkers for greater efficiency.
- Conduct scalable pilot projects to evaluate and progressively incorporate screening programs.
- Combine screening programs with health prevention strategies and healthy lifestyle promotions, with a focus on smoking cessation.
- Ensure high-quality data collection and implement regional/national Cancer Registries for tailored decision-making. Use AI to accelerate data analysis.
- Assess the potential impact of screening on healthcare capacity.
- Engage scientific societies and patient associations in pilots and program implementations.

3. Main findings by tumour type:

- **Lung:** Lung cancer screening stood out as the cancer screening with more robust scientific evidence. The CASSANDRA Project, implemented in 16/17 Autonomous Communities, targets ages 50-75 and smokers, with results expected in 2029. Despite the Red.es report advising against widespread implementation, experts emphasize the efficient use of existing resources, noting that some diagnostic tests are already in use without formal screening programs.
- **Prostate:** The EU recommendation overcomes the previously existing difficulties of overdiagnosis and overtreatment by clearly defining the target population for stratification, using complementary tools to PSA such as risk calculators, molecular markers, MRIs, or active surveillance. The PRAISE-U pilot, promoted by the European Association of Urology and implemented in Galicia and Catalonia, focuses on risk stratification to reduce the number of tests performed, utilising complementary tools to PSA and postponing biopsy until the final phase. It started in May 2024, with the participation of Spanish regions in the EU-screen Joint Action also highlighted.
- **Gastric:** Implementation is influenced by geographical incidence, with Spain generally being low-risk but having regional differences. Fast-Track pathways are crucial for early detection. While generalised Helicobacter Pylori screening is not recommended, treatment is advised if detected. Screening is recommended for at-risk populations with a family history of cancer, although it is still under discussion for premalignant lesions.

Impact of the project

Thanks to this project, All.Can Spain and its partners were able to successfully set an agenda highlighting recommendations on screening programmes' implementation for key public



decision-makers, opening a communication channel with different government levels and continuing to strengthen its presence as a key platform for overcoming inefficiencies in cancer care in Spain.

As highlighted during the conference, all the key stakeholders took the opportunity to urge decision-makers to continue working on the implementation of pilots as a first step towards their wide-spread adoption in the National Health System.

The considerations shared by experts and patients were welcomed by the public decision-makers, who highlighted the importance of these screenings in reducing cancer mortality, increasing the quality of life of patients and families and the sustainability of the NHS, although they stressed that they are complex programmes whose evaluation must be exhaustive.

Next steps

After carrying out all the above activities, All.Can believes to have raised awareness on the value of linking the European approach – which was widely incognizant to national decision makers – to local initiatives and cancer programmes. **The recommended approach is to consider the following dimensions of work going forward: geographical scope; strategic partnerships; best practice selection and case studies' development; policy research with an academic partner on the value and sustainability of screening programmes; engagement.**

It is critical to keep the momentum in some countries like Italy, Romania or Spain as to lead to formal commitments and decisions necessary to enhance relevant plans and programmes. It is worth noting that at the sub-regional level (notably in Italy and Spain) there is a need to create more harmonized system and possibly highlight best practice implementation cases. Potentially, some other countries like Greece or Poland would be keen to engage locally and promote implementation of screening programmes.

A collaboration with EUREGHA (which has recently established a regional cancer working group) would be valuable in aligning the work conducted to date in countries with the work of the pan-European platform of regional health authorities.

Policy research conducted with an academic partner on value and sustainability of screening programmes (e.g. cost-effectiveness) would give an opportunity to build on All.Can learnings from Cancer Efficiency Metrics Playbook.

Finally, a dedicated session on cancer screening programmes during the All.Can Global Summit in collaboration with EOP (September 2024, prior to World Cancer Congress) would allow to compare case studies in Europe and beyond and draw key policy messages to stakeholders and decision makers.