

Implementing the EU Recommendation on cancer screening in 4 Member States: A collaborative project between EFPIA Oncology Platform (EOP) and All.Can (2024-25)

Final Report – May 2025

CONFIDENTIAL

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.

All.Can and the EFPIA Oncology Platform (EOP) have collaborated beginning in 2023 (with a kick-off in April), through 2024 and the beginning of 2025 to promote a constructive and evidence-based dialogue on the implementation of the cancer screening recommendation in six EU countries – Belgium, Italy, Poland, Romania, Spain and Sweden – as a further step towards greater efficiency in cancer care and better health outcomes.

The policy context in each of the six selected countries varies, both in terms of political leadership and of maturity of the national cancer plan's implementation. However, the alignment around overarching goals and opportunities deriving from appropriate screening programmes appear uncontroversial.

Through high-level roundtables and policy dialogues, the national All.Can community, key stakeholders and decision-makers in the six 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.

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.

The implementation of cancer screening programmes represents one of such policies that can have a meaningful impact on people's lives and health outcomes across Europe.

Overall Assessment and Impact of the Cancer Screening Project

All.Can Spain has already directly influenced formal government policy in Spain and is on track to do so for the other states it's active in as well. It is critical to keep the momentum in some countries like Italy, Sweden, Poland 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 (i.e., Regional Health Authorities across various EU Member States) which has recently established a regional cancer working group would be valuable in aligning the work conducted to date in specific countries.



Policy research conducted with an academic partner on value and sustainability of screening programmes (e.g. cost-effectiveness) would give an opportunity both to leverage the Polish Presidency of EU (2025) re. “preventable cancers” as well as to build on All.Can learnings from Cancer Efficiency Metrics Playbook.

Introduction and Goals

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: e.g. breast, colorectal, cervical) and for the introduction of new screening programmes (for the cancer types added during the revision of the Cancer Screening Recommendation: e.g. lung, prostate, gastric) through an evidence-based multi-stakeholder dialogue, which includes policy makers.

The second phase of this project was implemented from May 2024 - April 2025, further investigating screening policy in Spain & Italy, and extending analysis and discussion to Sweden and Poland.

EOP and All.Can agreed to forward Italy and Spain onto year II of the project, focusing attention at a regional level, looking at Basque Country and Galicia for Spain, Piemonte and Puglia for Italy. It was also agreed to focus on Poland, considering its Jan-Jun 2025 Presidency of the Council, and Sweden, considering its past leadership in cancer-initiatives and acute lack of adequate lung-cancer screening programs.

The objectives pursued in the countries involved, and the related deliverables expected from the various teams, can be summarized 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.
- To build political support for advancing national implementation of the 2022 EU cancer screening Recommendation.

To engage in policy research, particularly in Poland and Sweden, to support multistakeholder events.

Country Engagement

Executive Summary

Poland

- Debate “Oncology preventive programs” presenting initial findings of All.Can Poland report on oncology prevention along with SOLACE pilot results on lung cancer screening in Lublin presented at yearly All.Can Polska Steering Group meeting (9 Jan '25)
- Debate “Oncological preventative programs – directions of change”, organised together with Rynek Zdrowia portal, held to address national screening gaps and propose reforms (12 Feb '25)
- All.Can Polska report on screening programs (2022–2024) published with expert recommendations and institutional analysis (20 Feb '25)
- All.Can Polska collaboration with EFPIA highlighted as part of EU-wide cancer screening initiative (Q1 '25)

Italy

- **Press conference** setting the scene on cancer screening with key policymakers (July '23)
- All Can Italy **article** on cancer screening published on Healthcare Policy magazine (Q1 '24)
- **Policy roundtable** on cancer screening held at Italian MoH on 15 Feb '24.
- Hearing of the platform before the Health Committee of the Puglia Region (April 2, 2025)
- Start of work for the development of a regional pilot program on prostate cancer in the Piemonte Region

Sweden

- All.Can Sweden released a national report on lung and prostate cancer screening challenges and recommendations (Q1 '25)
- Report highlights lack of national screening programs for lung and prostate cancer despite EU recommendations (Q1 '25)
- Six Swedish healthcare regions now conducting implementation studies for lung cancer screening following National Board of Health guidance (Q1 '25)
- Shortage of radiologists identified as key barrier; AI explored as a potential solution to support screening efficiency (Q1 '25)
- Prostate cancer screening found to be fragmented and inequitable; calls for centralized national program and regional coordination (Q1 '25)

Spain

- Cancer screening workshop held by All.Can Spain in Galicia with regional health leaders to promote EU Recommendation (19 Dec '24)
- Galicia actively participating in PRAISE-U pilot for smarter prostate cancer screening; 2,500 men enrolled (Q1 '25)
- All.Can Spain and Basque Health Service co-hosted cancer screening conference to discuss implementation of EU recommendations (19 Feb '25)
- Xenoma Galicia Project launched to genetically screen 400,000 people for high-risk cancer variants (Oct '23 – ongoing)
- Spanish NHS published legislative proposal expanding colorectal screening coverage following All.Can Spain's advocacy (20 Mar '25)
- All.Can Spain calls for expanded collaboration, best practice sharing, and policy research with EUREGHA and academic partners (Q1 '25)



Overview

Activity progress in Poland

On January 9th, 2025, All.Can Polska met for its annual Steering Group Meeting, where the issue of cancer screening found large support and alignment. There was a debate discussing the overall situation in the area of prevention and findings of the report being under preparation. At this meeting, Professor Joanna Didkowska presented current state of preventive programs in oncology along with needs for development. Professor Joanna Chorostowska-Wynimko presented the results of the project "SOLACE" – strengthening the screening of lung cancer in Europe. Discussed by the whole group conclusions from this project included the importance of education on cancer screening for medical staff, involving local communities, and identifying communication methods with which to reach target at-risk populations. The debate was moderated by Aleksandra Rudnicka, member of All.Can Poland. This meeting reaffirmed the centrality of cancer screening policy in All.Can Polska's mission.

On February 12th, 2025, All.Can Polska **held a debate titled "Oncological preventative programs – directions of change"** which highlighted many issues that Polish current cancer screening system is facing. The members of the debate, including representative of Senate, Vice President of National Health Fund, medical experts and patients organization concentrated on diagnosis of current situation and challenges, including data which shows that, as of 2024, 62% of Poles declare that they've never had a preventative examination. Crucial barriers to comprehensive screening were discussed including the absence of a nationwide institution responsible for screening, a lack of knowledge amongst the public about which kinds of tests were available, and a low percentage of the population meeting with health care professionals for regular "check-ups". Solutions were also discussed, including a proposal to provide education to both society and medical personnel on the importance of screening, individual online patient accounts for the Polish people, and the organization of more smoker assistance clinics in Poland. After the debate there was a number of video interviews with participants published on Rynek Zdrowia portal. The subject was discussed also in other media and promoted on All.Can Poland social media.

This debate was held in preparation for the upcoming publication of an All.Can Polska report titled **"Screening Oncology Programs in Poland implemented in 2022-2024. Analysis of the problem, experts' recommendations"**, which was published a week after on February 20th, 2025. This report, prepared as part of All.Can and European Federation of Pharmaceutical Industries' (EFPIA) overarching cancer screening project, presented the current state of oncological prevention in Poland, and provided recommendations aiming to cover 90% of the country's population with screening programs for common cancers. It carried out comprehensive analysis on current programming and coordination between Polish health institutions such as the National Health Fund, the Ministry of Health, and local government units. This report stands as a significant contribution by All.Can Polska to All.Can and EFPIA's overarching EU-wide analysis.

Report highlights:

- Comprehensive overview of oncology screening programs implemented in Poland
- In detail discussion of the European Commission's specific recommendations

Call for improvement of communication that will lead to rise of awareness of availability of preventive programs and growing number of Poles turning for testing xxxxxxxx

"Many cancers would not have to be a deadly threat if they were diagnosed and treated early. That is why it is so important to educate the public and have access to high-quality screening tests" - Aleksandra Rudnicka, Chairwoman of All.Can Poland

At the same meeting, All.Can Polska's collaboration with EFPIA was noted, highlighting the project promoting cancer screening.



Actions:

- A steering meeting was held in which research and analysis on cancer screening Poland were shared and discussed by members of All.Can Polska on January 9th, 2025
- A debate on the future of cancer screening in Poland, bringing together national experts and stakeholders to discuss barriers and solutions to cancer screening in Poland was held on February 12th, 2025
- Publication of a key report on cancer screening within the Polish health system on February 20th, 2025

Findings and Outcomes:

- The Feb 20th All.Can Polska report identified new technologies whose introduction could help screening efforts. These technologies included the HPV-DNA test for cervical cancer, the FIT test as an alternative to the colonoscopy, and the introduction of Mobile Low-Dose Computed Tomography Centres.
- The National Oncology Strategy (NSO) which began in February of 2020, is a document formulated by the Council of Ministers which calls for “facilitating access to screening tests” as one of key pillars of their strategy.

Impact of the project

Given ongoing policy developments, it is difficult to anticipate a full-scale impact of the overall project. However, the Call to Action released in February 2024 set out a strong engagement and advocacy plan that will continue beyond 2024/2025.



Activity progress in Italy

There are three organized screening programs in Italy. The rate of invitation and acceptance is diversified according to the regions considered (North and Center Italy is higher than in the South). 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.

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).

Furthermore, the opportunity to set up pilot screening programmes based on the search for documented hereditary- familiarity must be considered, especially linked 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.

Actions:

- The work started by analysing the EU Recommendation and drawing up a paper summarizing the main elements of interest. This allowed to elaborate an easy and appropriate message to convey to policy makers
- A stakeholder mapping identified the key figures that could have become champion/s for their commitment to the topic
- Briefings were held with members of Parliament to raise awareness on the content of the Recommendation, and several media articles appeared during and after the completion of the project
- Among the MPs who were briefed, the selected champion was Senator Elena Murelli (Lega – majority), and followed up with a press conference at the Senate as a first awareness initiative
- In the second part of the project All.Can involved directly the Ministry of Health, namely the Director of Prevention Unit
- The project was concluded with the organization and execution of a high-level conference at the Ministry of Health on February 15th, 2024 with representative patients' associations and scientific societies. This conference aimed to ground the new European Recommendation in a realistic pathway towards a comprehensive early-screening system.

Findings and Outcomes:

- **The commitment of the MoH** – The Ministry is constantly working on boosting screening adherence and catch up. This commitment is written in several documents, from the National Prevention Plan to the National Cancer Plan (PON). The Ministry is taking advantage of the PON funding to push for experimental screening programmes in some regions, such as for prostate cancer. As in the case of the national lung cancer programme, the aim is to collect and analyse the final data to assess the full-scale implementation of the programmes.
- **Focus on caregivers** – A great support comes from caregivers or GPs. It is them who usually enrol patients in the screening programmes because sometimes there is lack of understanding or simply fear that diagnosis is useless when talking about high-mortality diseases. Instead, the opposite is true: the earlier you get tested, the better you can be treated with today's technological advancement.
- **Prevention as priority** – It should be useful to allocate some of the National Health Fund for priority interventions, and screening programmes should be one of them. Moreover, penalties should be introduced for regions that do not comply with targets or objectives. The President of the LILT (Italian League for the Fight against Cancer) then claimed it is unbelievable that in some regions you can only get screened for breast cancer in specific (public) ASL facilities. This possibility should be open to all healthcare structures, public and private.



- **Prevention as a school subject** – The Italian Association of Medical Oncology (AIOM) stated that even before screening programmes, it is primary prevention what is strongly needed. A culture of prevention must spread and be taught in schools. The EU Recommendation is thus a light in the dark, allowing to focus the attention again on prevention. It is important to consider the psychological aspect of screening campaigns. Sometimes citizens are scared or just don't care too much about adhering to screening programmes and that is why a culture of prevention can be of help in raising awareness on the need to participate.
- **Digitalizing calls to screenings** – EuropaDonna put emphasis on the need to update the call to screenings that in some territories still takes place via paper letter. A digitalization of these processes is key to boost adherence.
- **Reaching the target population** – Another problem connected to prevention is reaching all the target population, especially disadvantaged patients. Expanding screening and reaching more and more people will result in economic savings.
- **The role of politics** – Members of Parliament focused on two things. First, the importance of including patients' associations in any decision on healthcare. There are currently several bills presented that would allow for the participation of patients' associations in the decision-making process. Secondly, the Parliament is working to introduce healthcare prevention as a school subject.
- **Stratification and regional uniformity** – Boosting population stratification is another element healthcare authorities should point to, finding a balance between individual privacy and common good. It is important to select an organizational model for screening execution and stick to it, trying to create more uniformity at the national level.
- **Better use of resources** – Cancer screening is a matter of resources. However, rationalizing and optimizing the current spending of resources is even more important. We should be able to improve resource spending before asking for more money and investments.

Year II: A Regional Strategy

All.Can Italy's regional strategy aimed at supporting Regions in the identification of **unmet screening needs** in their territory and consequently take action to address them.

This regional strategy is split up into three phases:

Phase I: Context analysis

- Determining which regions to launch pilot projects in
- All.Can Italy identified Piemonte and Puglia as the two target regions

Phase II: Workshop organization

- Bringing together regional representatives, KOLs, patient associations, and scientific/medical representatives to uncover unmet needs and the healthcare landscape of the region

Phase III: Identifying policy actions

- Supporting regional governmental institutions in identifying and implementing policy actions necessary to fill existing gaps in cancer screening programming.

Actions to date:

- In **Puglia**, All.Can Italy was heard by the Regional Council's Health Commission on the topic of "Enhanced Cancer Screenings":



- The meeting was attended by the Commission members as well as the Director General for Prevention and the Budget Councillor. Both All.Can Italia and the patient associations highlighted critical issues and policy recommendations on increasing participation rates, expanding age groups, enhancing age programs in line with EU Recommendations.
- Further Activities
 - A dedicated **cancer screening portal** is set to launch this summer, meant to enhance awareness and encourage participation in cancer-screening programs
 - A formal agreement will be developed in order to **institutionalize collaboration** between the government (the Directorate General for Prevention) and patient associations on cancer screening initiatives
 - An in-depth analysis will be conducted to understand the organizational challenges of **expanding age-eligibility** for screening
 - Puglian representatives will bring the discussion on **launching new screening programs considering risk-based population stratification** (for prostate, gastric, and lung cancers) to the agenda of the inter-regional health commission
- All.Can Italy will return for another hearing to discuss the further expansion of cancer-screening programming
- All.Can Italy will oversee the drafting of the act formalizing the cooperation between the Directorate General for Prevention and third sector organizations (including patient associations)
- In **Piemonte**, All.Can Italia participated in a series of meetings with political and technical stakeholders at the regional level. There was a particularly interesting conversation with the President of the Health Commission of Piemonte, Luigi Genesio Icardi, who was "extremely enthusiastic" regarding to the topic of expansion of screenings with population stratification based on risk.
 - The President proposed a **joint effort to expand screening programs** in the region, specifically concerning prostate cancer as it meets three key criteria:
 - **Pilot Programmes:** Despite the EU recommendations, there is no structured or pilot screening program in place in Italy on prostate cancer. There are regions taking some steps to introduce it however Piemonte has not yet acted in this regard.
 - **Stratification of the population:** A risk-stratified approach can be applied to prostate cancer starting with the most at-risk population groups. This would allow a cost effective intervention.
 - **Epidemiology:** Prostate cancer remains the most common cancer among men, accounting for 18.5% of all diagnosed cancers. However, the mortality rate drops significantly when diagnosed at early stages.
- Further Activities
 - All.Can Italia will finalise the development of the prostate program by identifying its benefits, clinical implications and estimating its socio-economic impact.
 - A permanent working on prevention and early diagnosis is being structured in collaboration with the Regional Development and the Health Directorate General. This group will address barriers to preventative diagnosis, early access to treatments, and strategies for implementing the EU Recommendation on cancer screenings

On the long-term All.Can Italia will support regional institutions in the structuring of organized discussion tables with patient associations and support the expansion of screening programmes by broadening age groups and launch of new programmes.



Impact of the project

The work carried out during these past months has certainly generated a valuable impact on the policy debate. All.Can has successfully brought the attention to a European approach which was widely ignored by national decision makers. Many members of Parliament were not aware of the EU Recommendation calling on the extension of cancer screenings and that was a first step to prioritize the subject.

As demonstrated during the final roundtable at the Ministry of Health, there was a clear alignment (and a clear message to ministry officials) that many stakeholders are keen to ensure the timely execution of the Recommendation. Government was urged to announce a credible commitment on the topic in the near future.

Recently, the Minister of Health stated that the Ministry is working on including lung cancer and expanding the target population groups for the screening programmes already covered by the Essential Levels of Care (LEA) – as requested by All.Can to the Ministry and in line with the EU Recommendation.

At national level, regional advocacy in Puglia and Piemonte led to concrete follow-up: in Puglia, All.Can Italia's input was taken up by the Health Commission, resulting in planned institutional cooperation and new awareness tools; in Piemonte, discussions with the Health Commission opened the door to expanding screening programmes, with a specific focus on prostate cancer and the creation of a regional working group.



Activity progress in Sweden

While Sweden is often seen as a leader in the EU when it comes to oncology, there are still significant areas where it's lacking in capabilities, especially concerning the EU's new cancer-screening recommendation. Part of the work in Sweden has been investigating the state of various cancer types through screening along with policies and technologies that could help to change the status quo.

A recent report on cancer screening in Sweden released by All.Can Sweden provides an overview of the challenges and recommendations associated with the implementation of national screening programs for prostate and lung cancer. The report compiles evidence supporting screening as a plausible and effective strategy for fighting high-mortality rates associated with lung and prostate cancer. It provides an overview of current national policy on cancer screening as well as recommendations on creating a high quality & cost-effective national screening policy.

Report highlights:

The report notes that, while Sweden does have pre-established screening programs for breast, cervical, and colorectal cancer, it lacks similar capacities for other important screen-able cancers. In 2022, the EU's Recommendation prompted states to include lung, prostate, and in some cases gastric cancer, within their national screening systems.

This report shows that despite strong evidence showing that lung cancer screening significantly decreases mortality rates, Sweden still doesn't have a national program that can carry out screening. Half of those diagnosed with lung cancer in Sweden are discovered once they've already reached stage IV, the point at which it's too late to cure. On the other hand, if the cancer can be caught at stage I, it has an 80% two-year survival rate. It's a cancer that's also particularly well suited to screening because it has an extremely targeted population group which represents the vast majority of those who will develop the disease – smokers. This makes identification and outreach to those most at-risk significantly easier.

The report noted that the National Board of Health, in response to the Recommendation, called for Swedish implementation studies regarding this topic. As per the Board's request, here of six Swedish healthcare regions now have ongoing implementation studies for lung cancer screening.

A great challenge that Sweden faces in the proper implementation of widespread lung-cancer screening is the country's shortage of radiologists. Without the proper professionals adept enough at doing the actual screening, the Swedish government has come to consider AI as a possible assistant which could heighten efficiency and free up the limited pool of radiologists for more focused work.

For prostate cancer, Sweden's most commonly diagnosed cancer, the country does have a system for carrying out screening, although it was found to be severely lacking in regional consistency and fails to reach most men beyond the elderly & educated. Currently, screening is done in an unorganized, decentralized fashion which worsens patient outcomes and increases bureaucratic load.

Conclusions:

- Lung-cancer and prostate-cancer screening are both cost-effective and medically-effective.
- A more centralised national screening program is necessary for both types of cancer.
- Regional inequities exist which can be partially solved through increased collaboration between regional health authorities.
- Sweden faces a dangerous shortage of radiologists, an issue that could be at least partially ameliorated through a greater usage of AI.



All.Can Sweden planning:

All.Can Sweden, on June 18th, 2024, released a project proposal titled “Accelerating the Introduction of Cancer Screening in Sweden” outlining the organization’s approach to the issue

Description:

Our project aims to address the urgent need for the swift introduction of cancer and screening in Sweden with extra focus on lung- and prostate cancer. By bringing together stakeholders from different domains, we aspire to create a collaborative platform to streamline the process effectively.

Specific goals:

- To begin new pilots during the first quarter of 2025 showing limited implementation of national lung cancer screening programs, paving the way for eventual universal approval
- To entitle all men between the ages of 50 and 75, in all regions, to a PSA test.
- To eventually create a system calling all men between ages 50 and 75 for a PSA test in a similar way as to how breast cancer mammograms operate today

Steps to take:

1. Compiling Evidence

- The conduction of extensive research and the compilation of a comprehensive body of evidence on lung and prostate cancer screening

2. Roundtable Discussions

- Organizing roundtable discussions with patients, physicians, and influential decision makers , helping to guide efforts to create an effective screening program while also drumming up support for such a program from these key interest groups

3. Advocacy Campaign

- The launching of a targeted advocacy campaign to raise public awareness about the benefits of cancer screening. Engaging with the general public, healthcare professionals, and policymakers

4. Lung/Prostate Cancer Day

- Holding events, facilitating awareness campaigns, and running educational initiatives connecting Lung Cancer Day with efforts to promote screening programs.

Actions

- All.Can Sweden, on June 18th, 2024, released a project proposal titled “Accelerating the Introduction of Cancer Screening in Sweden” outlining the organization’s approach to the issue.
- All.Can Sweden, in collaboration with the IHE (the Swedish Institute for Health Economics), held a roundtable discussion on February 3rd, 2025, bringing together representatives from healthcare, patients, and government to discuss the next steps to be taken regarding lung cancer screening in Sweden.

The IHE, a close partner of All.Can Sweden, published a 2024 report on challenges and solutions for lung cancer screening in Sweden.

- This report highlighted different scenarios for what screening could look like and explored the advantages and disadvantages of each proposal.



On the second of December, Lungcancerföreningen (the Swedish lung cancer association) in collaboration with Vision Zero Cancer and All.Can Sweden held a webinar discussing the future of lung cancer screening in Sweden.

- Speakers included representatives from the Swedish Lung Cancer Association, Vision Zero Cancer, Network Against Cancer, and All.Can in addition to an oncologist from Karolinska University Hospital
 - Takeaways
 - There's a lot of unwarranted skepticism from the scientific and political communities as to the interest of the general public in robust screening systems
 - Primary care needs to play a significant role in cancer screening
 - Countries that have already implemented these sorts of systems will be the greatest asset in implementing Sweden's own system
 - Lung cancer screening saves lives and improves life quality.
- A hybrid seminar was organized by All.Can Sweden together with Prostatacancerförbundet (the Swedish Prostate Cancer Association) in Gothenburg, on 19 May 2025. The panel consisted of renowned representatives and experts from the profession, healthcare authorities, politics and the patient organisation.
 - Key takeaways
 - The discussion was engaging and dynamic, with a shared belief in the future of a national prostate cancer screening program.
 - Today, 19 of 21 regions are participating in OPT (Organized Prostate Testing). This creates a solid structure and registry for scaling nationally.
 - If Socialstyrelsen (The Swedish National Board of Health and Welfare) initiates an inquiry, a recommendation for a national screening program could come in 2–3 years. Without a recommendation, but continued OPT, national screening may be in place in 5–8 years. Without OPT, it could have taken 10–15 years.
 - The need for a coherent and integrated process from screening to treatment was stressed in the meeting.

Impact of the Project

All.Can Sweden has helped spark momentum for urgently needed improvements in the country's cancer screening strategy, particularly in light of the EU Recommendation. Through the publication of a dedicated report and strategic stakeholder engagement — including roundtable discussions, a webinar with national partners, and a new project proposal — All.Can Sweden has succeeded in framing screening for lung and prostate cancer as a critical public health and policy issue. The initiative has catalysed dialogue across sectors and laid the groundwork for pilot programmes, national policy shifts, and stronger interregional collaboration to address screening inequities, workforce shortages, and public awareness.



4. Activity progress in Spain

The implementation of the project in Spain has consisted on the celebration of one national seminar, and two regional workshops (Galicia and Basque Country).

Cancer screening context:

Screening programmes currently contemplated in the National Health System ([NHS Cancer Strategy 2021](#)) include breast, colorectal and cervical, whereas lung and prostate screening are mentioned indicating that there are randomized trials that have studied their efficacy but that there is still insufficient evidence to recommend their implementation. No reference exists to gastric cancer (National strategy against cancer, 2021). Although the Strategy was released in 2021, the programmes included in the NHS are open for periodic updates; an example would be the [modification](#) of the cervical tumour screening programmes on May 9th 2025, differentiating between vaccinated and unvaccinated women.

At the regional level, on the other hand, some best practice exists for instance in Galicia and The Basque Country. Against this background, there is an opportunity to promote the implementation of EU recommendations as part of the Spanish engagement in the Europe's Beating Cancer Plan and the interest shown by government officials and all stakeholders to support policies for better patient outcomes.

All.Can Spain has been hard at work bringing regional Spanish authorities into the cancer-screening conversation. All.Can's work, particularly in Galicia and the Basque Country, has led to significant movement forward on implementation of the EU's Recommendation.

National Seminar: *New horizons for cancer screening in Europe, implications for its implementation in the NHS (February 2024)*

Actions:

- Study of the updated EU Recommendation on Cancer Screening, as well as of the consultative reports prior to it. Analysis of the state of cancer screening in Spain, both at national and regional level.
- Mapping of key stakeholders to identify the KOLs for each type of tumour (scientific societies and patient associations).
- Identification of best practices in cancer screening in Spain (leading regions and leading programmes).
- Design of the conference around two thematic roundtables: technical roundtable and public managers' roundtable. Representation of national and regional decision-makers.
- In parallel, All.Can Spain organised a screening workshop where, together with the International Agency for Research on Cancer (WHO), a decalogue of recommendations from the platform's Scientific Committee on cancer screening was drawn up, which was subsequently presented at the seminar.
- Individualised alignment with the moderator and speakers for each type of tumour, ensuring a fluid dynamic and with simple and orderly key messages.
- Holding the screening workshop at the European Commission Representation in Spain, reinforcing the EU origin of the Recommendation. The closing speech was given by a senior representative of the Ministry of Health responsible for the evaluation of screening programmes, who presented the Government's position at national level.



Findings and outcomes:

- **Priorities of the Ministry of Health:** the Ministry has shown its intention to prioritise in the short term the harmonisation of the previously recommended screenings throughout the country. It announced the creation of a working group to evaluate the results of the CASSANDRA pilot project for **lung** cancer to incorporate this new screening into the service portfolio in the future. Regarding **prostate** screening, the MoH representative confirmed that its possible incorporation will be evaluated in view of the scientific evidence available and the implementation of pilot projects. Finally, the creation of a **shared information system** of cancer indicators to guide decision-making on future screening programmes, was announced.
- **Main consensus elements highlighted by the speakers around cancer screening:**
 - **Stratification and personalisation of screening** for greater efficiency. **Biomarkers** are key elements in this task.
 - **Pilot projects** are fundamental **for the evaluation** and subsequent **progressive incorporation of** screening programmes. Need for these pilots to have a **scalable design** at source.
 - The implementation of screening programmes should, in any case, be combined with the promotion of health **prevention strategies and healthy lifestyles**. Special emphasis on prevention programmes for **smoking cessation**.
 - Importance of the quality of the **data** collected and particularly of the implementation of regional/national **Cancer Registries** for decision making adapted to each territory.
 - Warning of the potential impact that the implementation of screening may have on the **healthcare capacity of health systems**.
 - Role of **Artificial Intelligence** as an accelerator for data reading.
 - Involvement of **scientific societies and patient associations** in the pilots and programmes to be implemented.
- Main conclusions by tumour type:
 - Lung: stood as the cancer screening with more robust scientific evidence. Key elements:
 - Pilot highlighted: CASSANDRA Project; pilot implemented in 16/17 Autonomous Communities. Stratifies by age 50-75 years and smoking burden. Planned duration of 5 years (results in 2029).
 - Red.es report – Ministry of Health (2023): in contrast to the conclusions of the Red.es report – which advised against the widespread implementation of lung cancer screening – the experts highlighted the importance of the efficient use of existing resources as key to assessing its possible implementation. For example, they highlighted how certain diagnostic tests are already carried out today without being considered as part of a screening programme.
 - **Prostate:** the EU recommendation overcomes the previously existing difficulties of overdiagnosis and overtreatment:
 - Stratification: precisely define the population group to be targeted.
 - Use of complementary tools to PSA such as risk calculators, molecular markers, MRIs or active surveillance
 - Pilot highlighted: PRAISE-U. Promoted in Spain by the European Association of Urology and implemented in Galicia and Catalonia regions (2/17), it focuses on risk stratification as a key to reduce the number of tests to be performed, using complementary tools to PSA and postponing biopsy until the final phase. It will start in May. The participation of Spanish regions in the EU-screen Joint Action was also highlighted.



- **Gastric:** the geographical incidence is the determining factor when assessing its implementation. Spain is currently considered a low-risk area, although there are significant differences between regions. Elements to highlight:
 - Importance of Fast-Track pathways in the approach to gastric cancer with suspected diagnosis (early detection).
 - Primary prevention with Helicobacter Pylori: generalised screening is not recommended, although it should be treated when detected.
 - Secondary prevention: screening is recommended in at-risk populations with a history of familial cancer -still under discussion in premalignant lesions.

Cancer Screening Workshop in Galicia, Spain (December 2024)

On December 19th, 2024, All.Can Spain led a high-level cancer-screening workshop tied to the EU screening Recommendation. The objectives of this workshop were to:

- Raise awareness of the EU Recommendation
- Urge the expansion of currently available Galician screening programs
- Obtain feedback from local decision makers as to how the Recommendation has been received
- Create a forum to share best-practices in cancer-screening.

This workshop had in attendance many important personalities in Galician healthcare, including the General Director of Public Health at Conselleria de Sanidade, the head of oncology for the Complejo Hospitalario Universitario de Santiago de Compostela, the President of the Spanish Association of Lung Cancer Patients, and many more relevant parties. At least 60-70 members of the Galician Health Service attended the event.

Conclusions:

- Quality data is a very important asset to have in administering cancer-screening programming.
 - Pilot projects are essential for harvesting quality data.
- High adherence rates of the patient population is key to the success of any screening program.
 - The Galician program's success in finding high adherence rates can at least be partially attributed to a high level of digitalization of the program
- Implementation of screening programs should always go hand-in-hand with prevention strategies.
- Access to innovative new technologies, such as liquid biopsies, Ai, auto-scans, genetic analysis, etc, will greatly improve the chances for a program to succeed.

Outcomes:

- This workshop format was proven to be effective, can now be applied in other Spanish regions.
- The GD of Public Health offered availability for future collaboration.
- All.Can Spain effectively positioned itself at the heart of oncology policy in Galicia.



PRAISE-U in Galicia

Galicia is participating in the European pilot project PRAISE-U, a project that aims to reduce morbidity and mortality of prostate cancer through smart early detection. It focuses on risk stratification as a key to reduce the number of tests to be performed, using complementary tools to PSA and postponing biopsy until the final phase.

- **Coverage:** to date (dec 2024), about 2500 Galician men between the ages of 50 and 69 have participated in the study.
 - 147 of these men had worrying levels of prostate-specific antigen.
 - In 8 of these cases, a biopsy was deemed necessary to confirm a possible diagnosis
- **Debate:** in the past, screening of prostate cancer has sometimes been deemphasized due to the risk of overdiagnosis and overtreatment
 - the screening criteria developed by the latest EU Recommendation aims to safeguard against overdiagnosis and overtreatment
- Galicia has already completed half of PRAISE-U's implementation

The Xenoma Galicia Project

- Begun in October of 2023, the Xenoma program is a "pioneering initiative" collecting the DNA of 400,000 Galicians in order to screen for high-risk genetic variants, flagging individuals for follow-up screenings/treatment.
- This data is helpful for identifying and treating individual cases, but also for understanding the health characteristics of the community as a whole.
- This initiative cements Galicia's place at the forefront of health-system innovation.

Cancer Screening Conference in the Basque Country (February 2025)

On Wednesday, February 19th, 2025, All.Can Spain in collaboration with the Basque Health Service, held a conference focusing on the implementation of the EU's recommendations on cancer screening. This conference saw participation by scientific experts on cancer, non-profit leaders, as well as many representatives from the Department of Health of the Basque Country.

This event included two roundtables and one lecture.

- The first roundtable discussed best practices in early detection, including the incorporation of screening strategies based on personal and family risk, as well as making swift use of cutting-edge technologies
- The lecture presented the the Basque Country Comprehensive Oncological Plan (2025-2030) and explained the "innovative methodology" that the plan laid out
- The second roundtable discussed the healthcare perspective on screening programs and looked to past lessons learned and challenges run into regarding the implementation of breast, cervical, and colorectal screening programs in the region. "Early detection has a crucial impact on the prognosis of the disease and the quality of life of the patient. Today, we have cutting-edge tools that open new pathways to make this possible in a swift and precise manner, and it is in our hands to take advantage of them."
- Dr. Rafael Lopez, member of the Scientific Committee of All.Can Spain and head of Oncology at the Santiago de Compostela University Hospital Complex

Key considerations per tumour type: The Basque Country forms part of Joint Actions at EU level, specifically EUCanScreen, where the different participating territories distribute the launch of pilot projects according to the capacities and incidence of each territory. Thus, the Basque Country has prioritised the setting up of a pilot project on prostate cancer, as opposed to lung and gastric cancer.

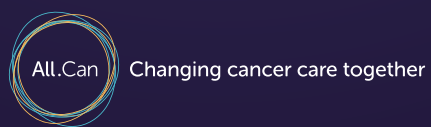


- **Prostate:** implementation in the first half of 2025 of the PRAISE-U pilot programme. Objectives:
 - To design the necessary tools for the implementation of population-based Prostate Cancer Screening.
 - Validate the PHI biomarker test as a screening test for prostate cancer.
 - Evaluate the level of uptake and resources needed for the population-based prostate cancer screening programme.
 - Develop simulation tools to assess the cost-effectiveness of implementing screening for prostate cancer in the population.
- **Lung:** Although they were not detailed during the event, the Basque Country [is participating](#) in two strategic projects related to this tumour
 - Project LUCIA, with the aim of discovering and understanding new risk factors that contribute to the development of lung cancer-
 - CASSANDRA Project, in which the Hospital de Donostia participates, which aims to reduce mortality rates and promote smoking cessation.
- **Gastric:** is not a priority given that the Basque Country does not have a high-risk index. However, they will draw on the results of the pilots implemented in the Nordic and Eastern countries.

Impact of the Project

- Following much of All.Can Spain's tireless work on this issue, the NHS is now moving forward with implementing the latest EU recommendations
- On March 20th, 2025, the NHS published a legislative project with which to update its common services portfolio, which extended colorectal cancer stratification up to 74 years, in line with the EU's recommendation. Also, in May 2025 the cervical cancer screening programme was also updated.
- These actions alone, taken in collaboration with All.Can, proves the viability of All.Can Spain's efforts in the region and promises its future success at helping along smart cancer-screening policy.

After carrying out all the above activities, All.Can Spain 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.**



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