



EUROPEAN COLORECTAL CANCER DAYS
BRNO 2013

European Guidelines and Training in Implementation of Population-based Cancer Screening

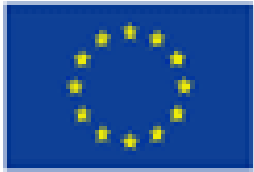
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THE COUNCIL OF THE EUROPEAN UNION

Recommendation on Cancer Screening of 2 December 2003



1. Implementation of cancer screening *programmes*
 - (a) Offer **evidence-based** cancer screening through a systematic **population-based approach** with **quality assurance at all appropriate levels**. The tests which should be considered in this context are listed in the Annex;
 - (b) Implement screening programmes in accordance with **European guidelines** on best practice where they exist and **facilitate the further development of best practice for high quality cancer screening programmes** on a national and, where appropriate, regional level...

Need for Quality Assurance in Cancer Screening

- Screening is for predominantly asymptomatic populations
- At any given time, only a few people will have a health benefit from screening
- The risks are slight, but all participants are exposed
- Due to the very large number of people involved - the risks add up
- Quality assurance keeps the balance between benefit & harm in an appropriate range.

To achieve an appropriate balance between benefit and harm - quality must be optimal at every step in the screening process:

- Information & invitation of the target population
- Performance of the screening test
- Diagnosis for people with suspicious test results
- Treatment of screen-detected lesions
- Surveillance & aftercare

Organised Screening Programmes

- **Responsible** national or regional **team** for implementation (coordinating service delivery, quality assurance, and reporting of performance and results)
- **Comprehensive** guidelines, **rules** & standard operating procedures
- **Quality assurance structure** with supervision & monitoring of the screening process
- **Ascertainment** of the population disease burden

Population-based programmes promote equity and quality assurance

- Personal invitation
 - Equal chance of each eligible person to benefit
- Data bases for
 - Monitoring and auditing performance
 - Linkage with cancer registries for evaluating screening impact on the burden of disease

Organized, Population-based Screening Preferred

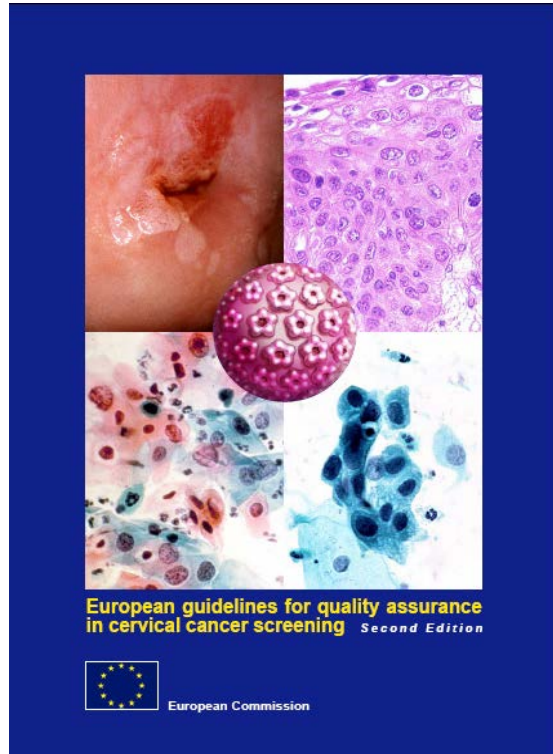
- Infrastructure of organized, population-based programmes **facilitates QA**
- Implementation of population-based programmes **makes services** performing to the high multidisciplinary standards **accessible** to the entire eligible population
- **Large numbers of professionals** undertake further specialisation in order to **meet the screening standards**
- These nationwide efforts also lead to widespread **improvement in diagnosis and management** of cancers detected **outside of screening programmes**



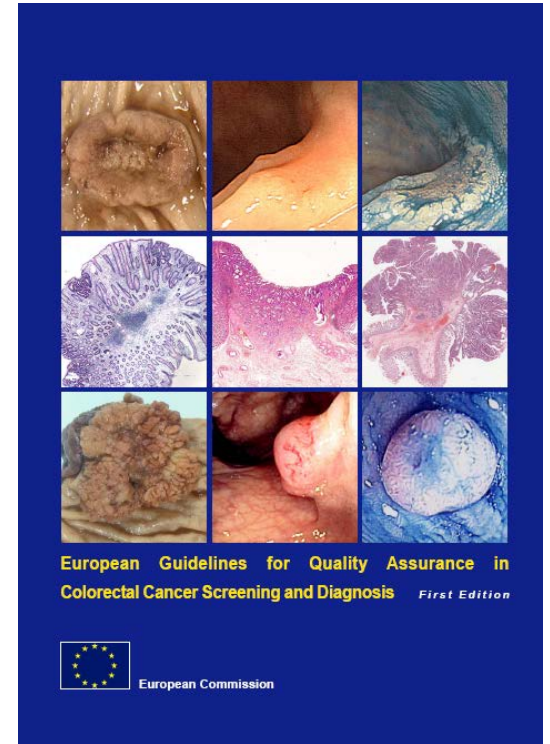
EU Guidelines for Quality Assurance in Breast, Cervical and Colorectal Cancer Screening



4th Edition
2006^{a)}



2nd Edition
2008^{a)}



1st Edition
2010^{a), b)}

International Agency for Research on Cancer



Financial support through:

- ^{a)}EU Health Programme,
- ^{b)}UEGF, ACS, CDC



Web links to relevant documents



Segnan N, Patnick J & von Karsa L (eds.) (2010), **European Guidelines for Quality Assurance in Colorectal Cancer Screening and Diagnosis - First Edition**. European Commission, Publications Office of the European Union, Luxembourg

http://bookshop.europa.eu/is-bin/INTERSHOP.enfinity/WFS/EU-Bookshop-Site/en_GB/-/EUR/ViewPublication-Start?PublicationKey=ND3210390

Arbyn M, Anttila A, Jordan J, Schenck U, Ronco G, Segnan N, Wiener H, Herbert A, Daniel J and von Karsa L (eds) (2008), **European Guidelines for Quality Assurance in Cervical Cancer Screening - Second edition**. European Commission, Office for Official Publications of the European Communities, Luxembourg.

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Perry N, Broeders M, de Wolf C, Törnberg S, Holland R, von Karsa L and Puthaar E (eds) (2006), **European Guidelines for Quality Assurance in Breast Cancer Screening and Diagnosis – Fourth edition**. European Commission, Luxembourg:Office for Official Publications of the European Communities.

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<http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2003:327:0034:0038:EN:PDF>

von Karsa L, Anttila A, Ronco G, Ponti A, Malila N, Arbyn M, Segnan N, Castillo-Beltran M, Boniol M, Ferlay J, Hery C, Sauvaget C, Voti L and Autier P (2008). **Cancer screening in the European Union, Report on the implementation of the Council Recommendation on cancer screening - First Report**. European Communities (publ.), Luxembourg.

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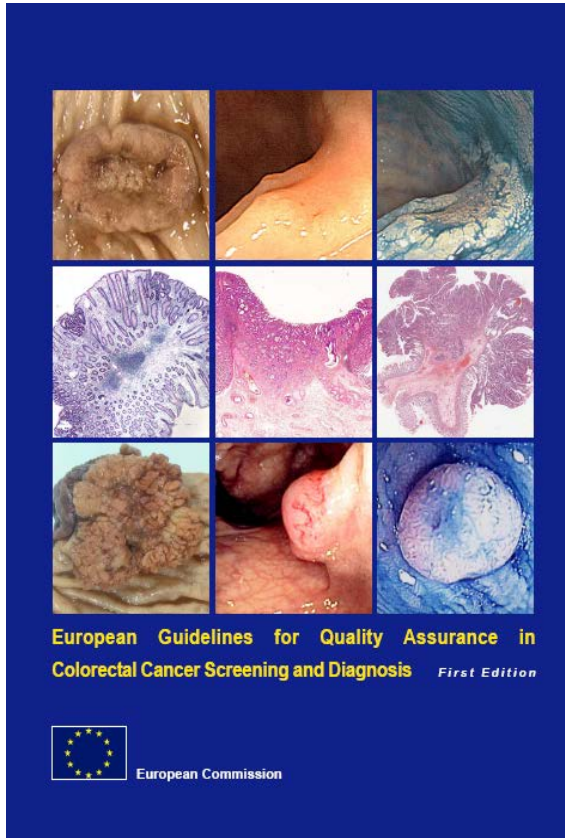
<http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2008:0882:FIN:EN:PDF>

[International Agency for Research on Cancer](#)





European Guidelines for Quality Assurance in Colorectal Cancer Screening and Diagnosis



➤ Print version

- 10 chapters, 400 pages
- >250 recommendations
- >750 references

➤ Web version

- print version
- 1000 page evidence base



European Guidelines for Quality Assurance in Colorectal Cancer Screening and Diagnosis

- 102 authors, editors, reviewers, contributors
- 23 European countries (21 EU)
Austria, Belgium, Croatia, Czech Republic, Denmark, Finland, France, Germany, Hungary, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovenia, Spain, Sweden, United Kingdom
- Other countries
Argentina, Australia, Canada, China, Israel, Japan, & the United States of America.



EU Guidelines - Main collaborators and partner institutions



- **J. Patnick**, Editor, Oxford University Cancer Screening Research Unit, Cancer Epidemiology Unit, University of Oxford, Oxford, United Kingdom; NHS Cancer Screening Programmes, Sheffield, United Kingdom
- **N. Segnan**, Editor, Unit of Cancer Epidemiology, Centre for Cancer Epidemiology and Prevention (CPO) and S. Giovanni University Hospital, Turin, Italy
- **S. Madai**, Network Meetings, Public Association for Healthy People, Budapest, Hungary
- **L. Faulds-Wood**, Advocacy, European Cancer Patient Coalition (ECPC), Utrecht, Netherlands
- **L. von Karsa**, Editor and Coordinator, Quality Assurance Group, Section of Early Detection and Prevention Section, IARC, Lyon, France



European Guidelines for Quality Assurance in Colorectal Cancer Screening and Diagnosis

Chapters in First Edition

1. Introduction
2. Organisation
3. Evaluation
4. FOBT
5. Endoscopy
6. Training
7. Pathology
8. Clinical management
9. Surveillance
10. Communication



International Agency for Research on Cancer



European Partnership Action Against Cancer

European Schools of Screening Management

Principles, organization, evaluation, planning and management of
cancer screening programmes

In collaboration with project on
Cancer Screening and Early Diagnosis in Mediterranean Countries

Course overview

A Anttila, N Segnan, L von Karsa

ESSM course at the IARC Lyon 19.-23.11.2012 Module 1

International Agency for Research on Cancer



Opening Session

European Schools of Screening Management

Participating Delegates and Faculty

➤ 26 Delegates

- Decision makers, programme planners and managers, professional staff

➤ 17 countries represented

- Albania, Bulgaria, Croatia, Czech Republic, Estonia, Georgia, Kosovo, Latvia, Lithuania, Morocco, Poland, Romania, Serbia, Slovenia, Spain, Sweden, Turkey

➤ 26 senior faculty

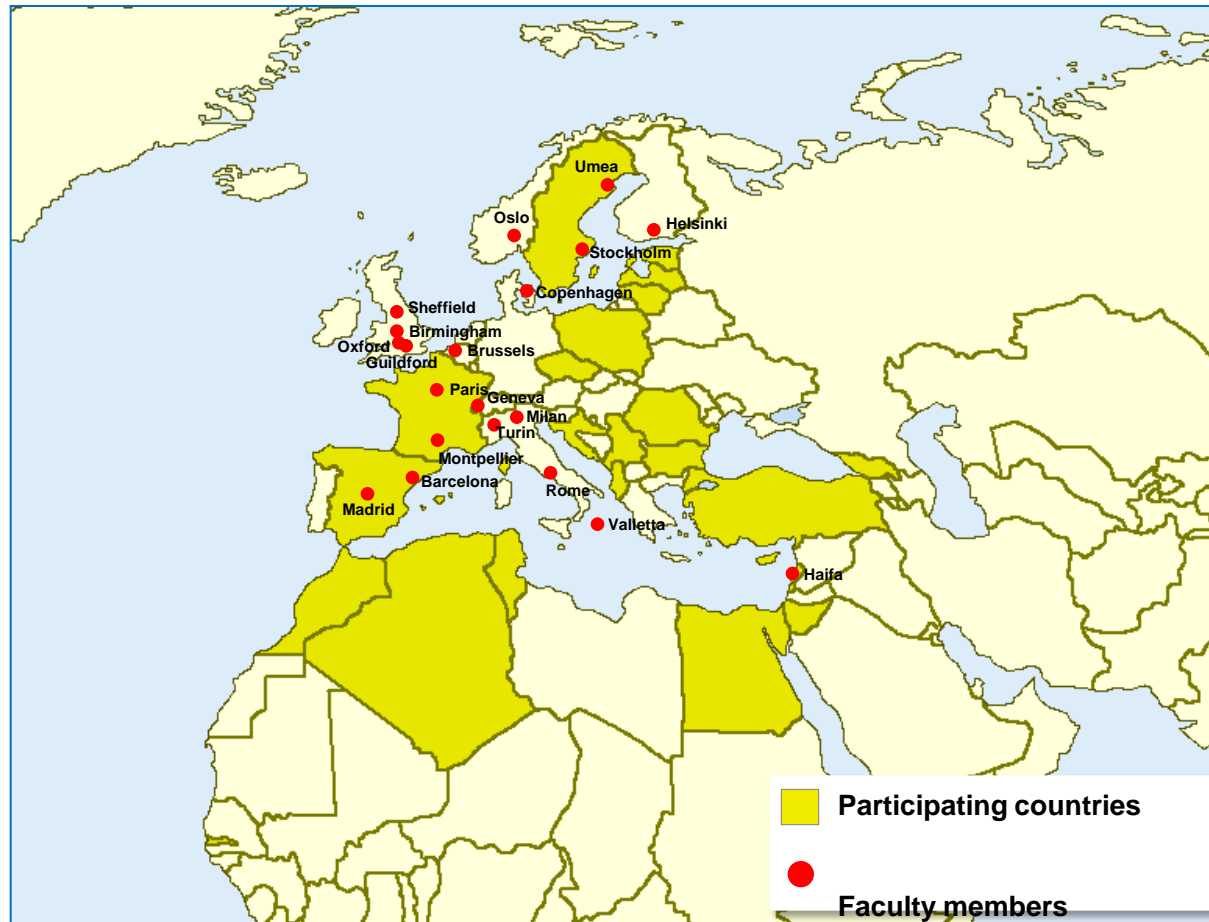
➤ 9 EU Member States and IARC represented:

- Belgium, Denmark, Finland, Italy, Slovenia, Spain, Sweden, The Netherlands, United Kingdom

➤ Co-financing:

- **European Partnership for Action Against Cancer**
- **Cancer Screening and Early Diagnosis in Mediterranean Countries**

International collaboration in planning and conducting specialized training courses in cancer screening



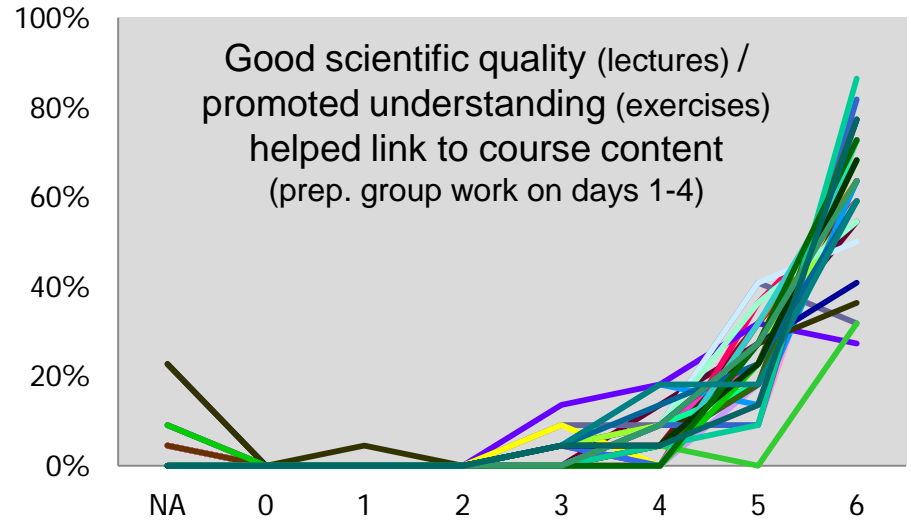
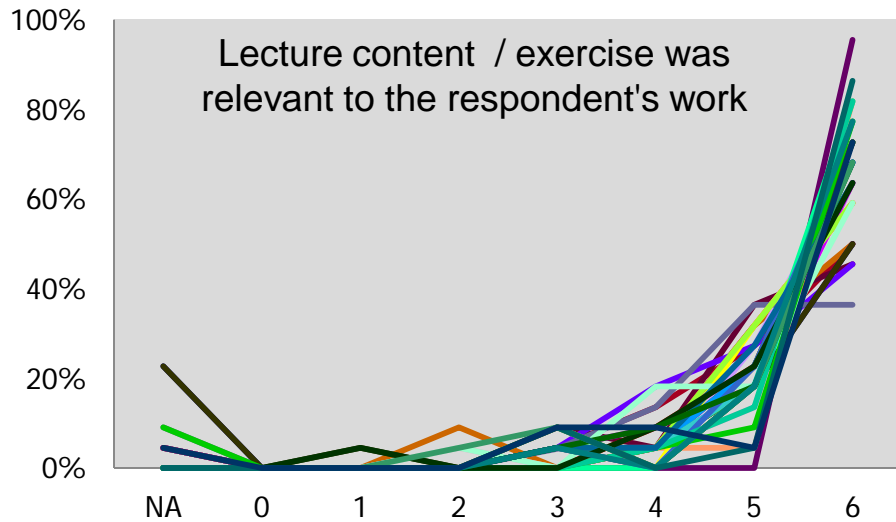
COURSE PROGRAMME

- **First Module 19-23 Nov. 2012:**
8 sections with lectures on essential concepts & protocols for quality-assured cancer screening, each with peer discussion & exercises
 - European Guidelines

- **Interim Group Work December - February**
 - considering actual activities & quality improvement within existing programmes, to prepare for the Second Module

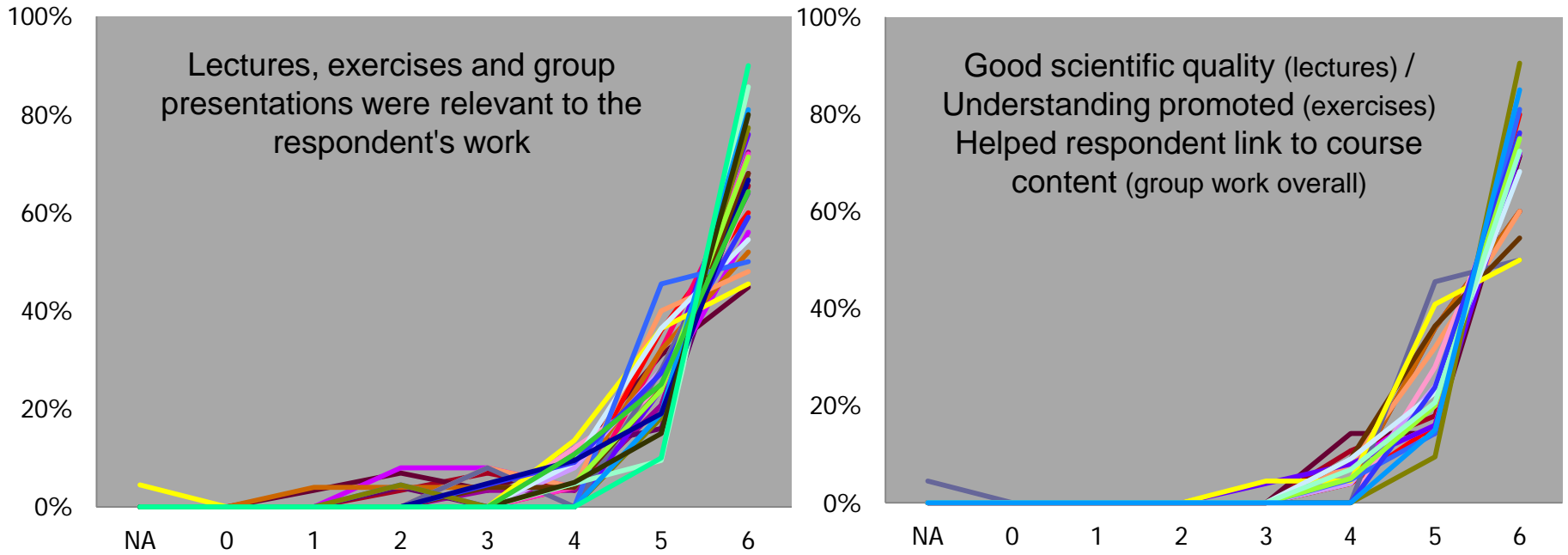
- **Second Module 11-15 March 2013:**
 - with reports from the programmes, & complementary lectures on applied issues

ESSM Pilot Course Content – Module 1



- Cancer Burden & Screening
- Balance of Benefit & Harm
- Organization of Screening, Key Issues
- Assessment & Management of CRC Lesions
- Cervical Screening in Romania
- Implementation & continuous evaluation, Design
- Interval Cancers
- Websites, Demonstration
- EU Guidelines, Principles & Scope
- Guideline Interpretation, Exercise
- Breast Screening QA, Key Issues
- Group Work, Final Presentations
- Cancer Burden & Screening, Exercise
- Cervical Screening, Low Resources
- Monitoring & IT Systems
- Breast Screening Policies & Protocols
- Breast & Cervical Screening in Latvia
- Coverage, Participation & Evaluation of Rates
- Advanced Stages & Long-Term Impact
- Communication, Exercise
- EU Breast GL, Key Standards, Indicators, Recs
- QA Standards, Achieving & Monitoring, UK Example
- CRC Screening QA, Key Issues
- Key Screening Principles
- Harm & Benefit, Exercise
- Necessary Legal Frameworks
- Cervical Screening Policies & Protocols
- Planning, Implementation, Evaluation, Round Table
- Side Effects & Quality of Life
- Cancer Registry & Evaluation, Round Table
- Monitoring Clinical Performance
- EU Cervical GL, Key Standards, Indicators, Recs
- Cervical Screening in Kielce and in Poland
- Prof. Training for Screening, Programmes and Providers
- Natural History of HPV
- Organization of Screening, Introduction
- CRC Screening Policies & Protocols
- Programme Implementation Phases
- CRC Screening in Slovenia
- Time Interval Between Tests
- Communication, Introduction
- Probability of False/True Positives, Exercise
- EU CRC Guidelines, Key Standards, Indicators, Recs
- Cervical Screening QA, Key Standards, Indicators, Recs
- Preparation of Group Work

ESSM Pilot Course Content – Module 2



- Modelling & Programme Impact
- Managing the Process (decades)
- WG3, Data Linkages
- New technol. & protocols, Intro
- Genetic Counseling, High Risk Screening
- Breast: Overdiagnosis
- Screening & Treatment, Quality & Treatment
- Cancer Screening in Mediterranean Countries
- QA & Prog Management, Key issues Cerv. Scr.
- HTA for Screening
- New Technol., Efficacy & Rel. Effect. Res. Intro
- Prostate Cancer Screening
- HPV testing
- Familial Aspects
- Basic Epidem. Cervical Cancer & CRC
- Treatment Monitoring
- WG2, Cancer Screening in Med. Countries
- Prog. Management - Issues in problem solving
- Quality of Life, Health Econ. Eval. e.g. Prostate CA
- Lung Cancer Screening
- Screening Other Cancers
- Flexisig., Virtual Colonoscopy
- Impact on Incidence & Mortality
- WG1, Formalise Protocol of QA Systems
- Primary Prev. Trials in Screening Setting
- QA & Prog Management, Key issues CRC Scr

ESSM Module 1 Participants



Need to continue & expand ESSM

- A high quality screening programme takes at least 10 years to develop & implement
- Sustainability & adequate funding & other resources are essential for medium- & long-term programme development
 - Funding for EU Networks for Cancer Screening & Prevention
 - European Schools of Screening Management for providing expert support & multicentre research collaboration & advanced training platform
 - To continue collaboration with the Mediterranean cancer screening network

Thank you for your attention