



European Colorectal Cancer Days
Brno 25-26 April 2014

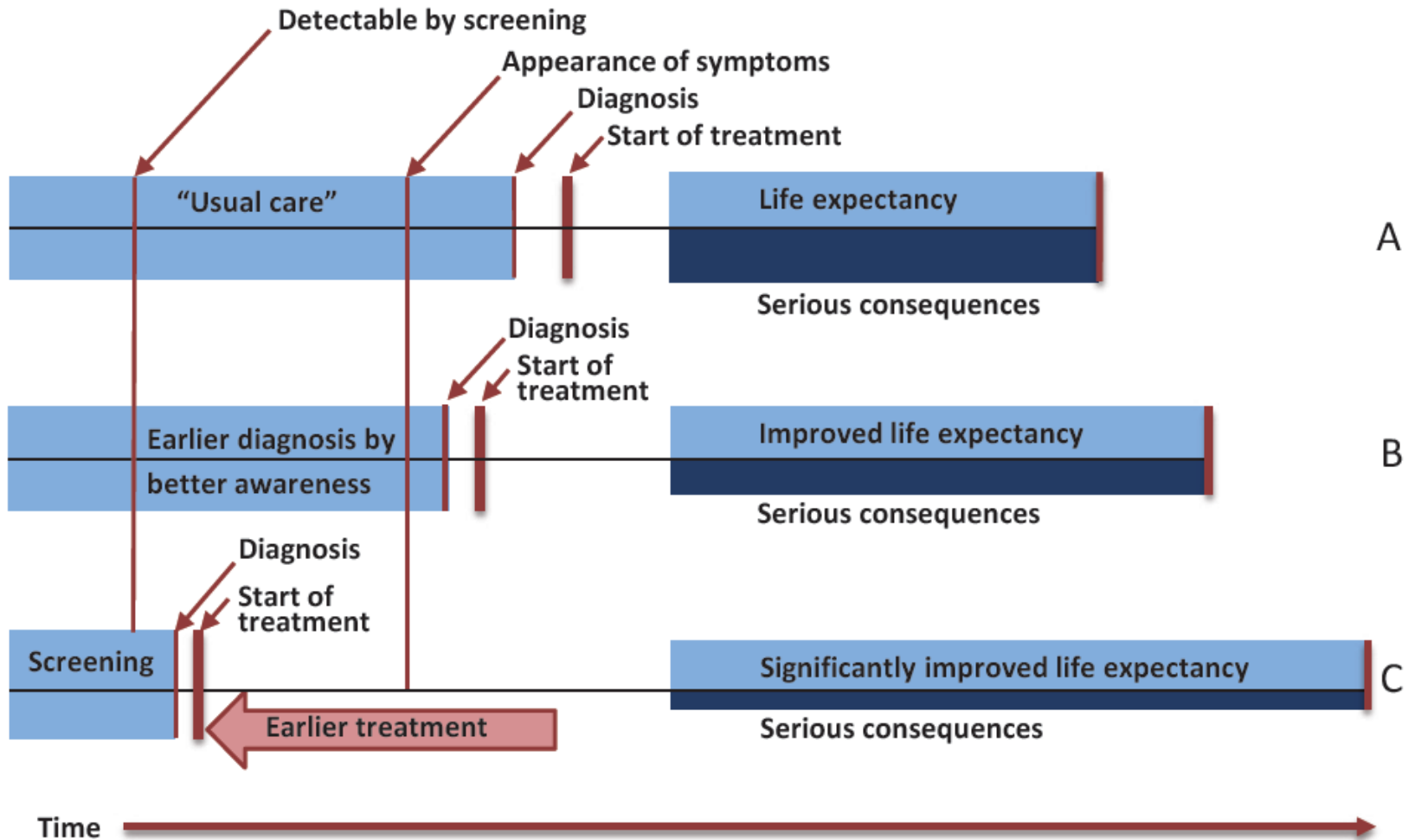
Making screening happen

A recipe for success

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Natural history of cancer controllable through early detection and appropriate treatment





THE COUNCIL OF THE EUROPEAN UNION

Recommendation on Cancer Screening of 2 December 2003



➤ Covering how to:

- implement cancer screening programmes
- maintain appropriate quality of screening programmes
- reach appropriate decisions on new or modified programmes

➤ Based on:

- WHO principles of cancer screening (Wilson and Jungner)
- Experience in implementing cancer screening programmes in EU Member States

[International Agency for Research on Cancer](http://www.iarc.fr/)



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...

Organized, Population-based Screening Preferred

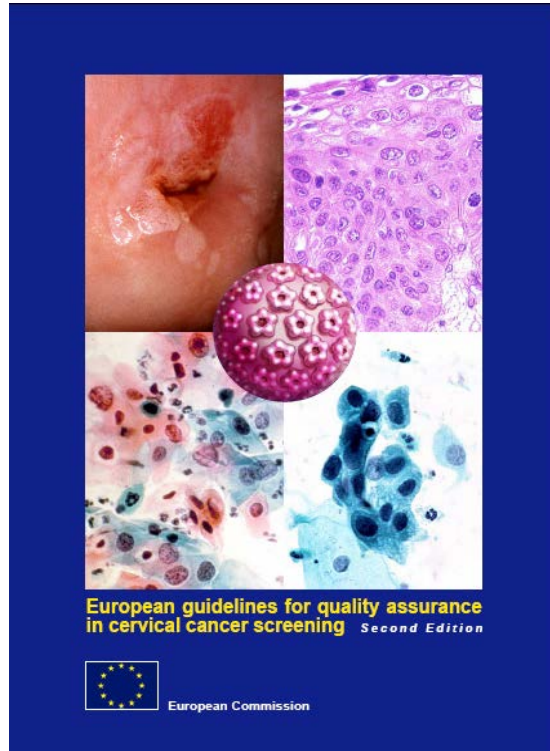
- Infrastructure of organized, population-based programmes **facilitates QA**
- Implementation of population-based programmes **makes services** performing to the high multidisciplinary standards **accessible** to the entire eligible population
- **Large numbers of professionals** undertake further specialisation 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**



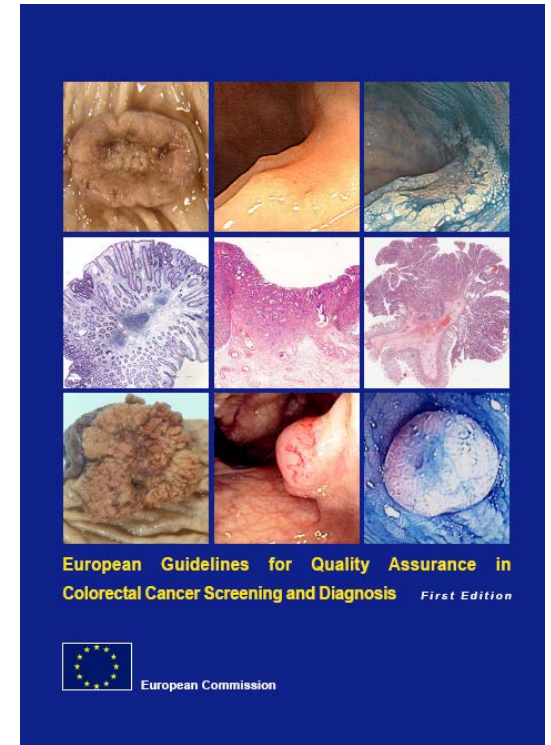
EU Guidelines for Quality Assurance in Breast, Cervical and Colorectal Cancer Screening



**4th Edition 2006^{a)}
Supplements 2013^{a)}**



2nd Edition 2008^{a)}



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

International Agency for Research on Cancer



Co-financing: ^{a)}EU Health Programme & project partners

^{b)}UEGF, ACS, CDC

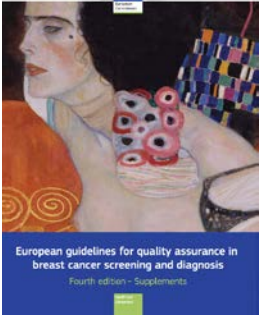
Sequence of Steps in Quality-controlled Implementation of Screening Programmes

1. Comprehensive **planning** of screening process: feasibility of screening models, professional performance, organisation and financing, quality assurance (QA)
2. Preparation of all components of screening process to perform at requisite high level (including **feasibility testing**)
3. Expert **verification** of adequacy **of preparations**
4. **Piloting** and modification, if necessary, of all screening systems and components, including QA, in routine settings
5. Expert **verification** of adequacy **of pilot performance**
6. Transition of pilot to service screening and geographically phased **programme rollout** in other regions of the country
7. Intensive **monitoring of programme rollout** for early detection and correction of quality problems

Key factors implementation of organised screening programmes

- Autonomous programme management
 - Effective coordination of all aspects
 - Autonomous managerial and budgetary control of programme activities including quality assurance systems and organizational development
 - Appropriate governmental oversight (accountability) and support (appropriate sustainable resources)
- Gradual, quality-assured implementation over long period (10+ yrs)
 - Involvement and commitment of civil society (effective communication)
 - Strong political support
 - Consent and good collaboration with all key medical groups involved in the screening programme
 - Management of the multidisciplinary services (information and invitation, testing, diagnosis, treatment)
 - Continuous demonstration that a each step is working optimally, correction where necessary
- Screening and cancer registration data linkage
 - Quality assurance, monitoring and outcome information

European Guidelines for Quality Assurance in Breast Cancer Screening and Diagnosis Annex 1



- Stockholm statement on successful implementation of population-based cancer screening programmes

Authors: L. von Karsa, A. Anttila, M. Primic Žakelj, C. de Wolf, M. Bielska-Lasota, S. Törnberg, N. Segnan

- Determinants of successful implementation of population-based cancer screening programmes

Lynge E, Törnberg S, von Karsa L, Segnan N, van Delden JJM (2012). Determinants of successful implementation of population-based cancer screening programmes. *Eur. J. Cancer*, 48:743–748.



European Guidelines for Quality Assurance in Breast Cancer Screening and Diagnosis

Annex 1



...In a fully established programme, the proportion of **the expenditure devoted to quality assurance should be no less than 10–20%**, depending on the scale of the programme. In the initial years, this proportion may be **substantially higher due to the low volume of screening examinations** compared with the situation after complete rollout of a nationwide programme. This investment is cost-effective and will save lives.

Thank you for your attention



International Agency for Research on Cancer



European Partnership for 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 (CSiMC)**

A Anttila, N Segnan, L von Karsa

Modules 1 and 2 held at IARC. Lyon, France

19-23 November 2012 & 11-15 March 2013

[International Agency for Research on Cancer](http://www.iarc.fr)



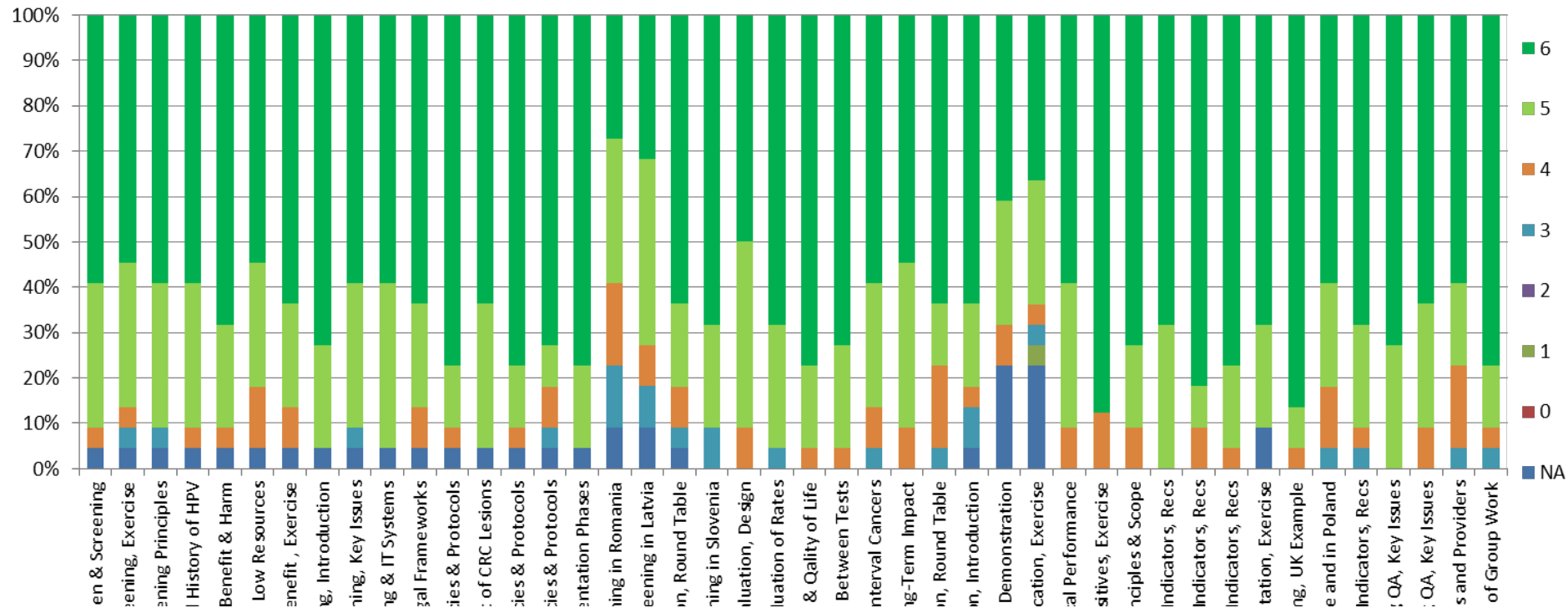
**Co-financed by the EU Health Programme
FCS, IARC, CSiMC**

ESSM Course - Module 1 Participants



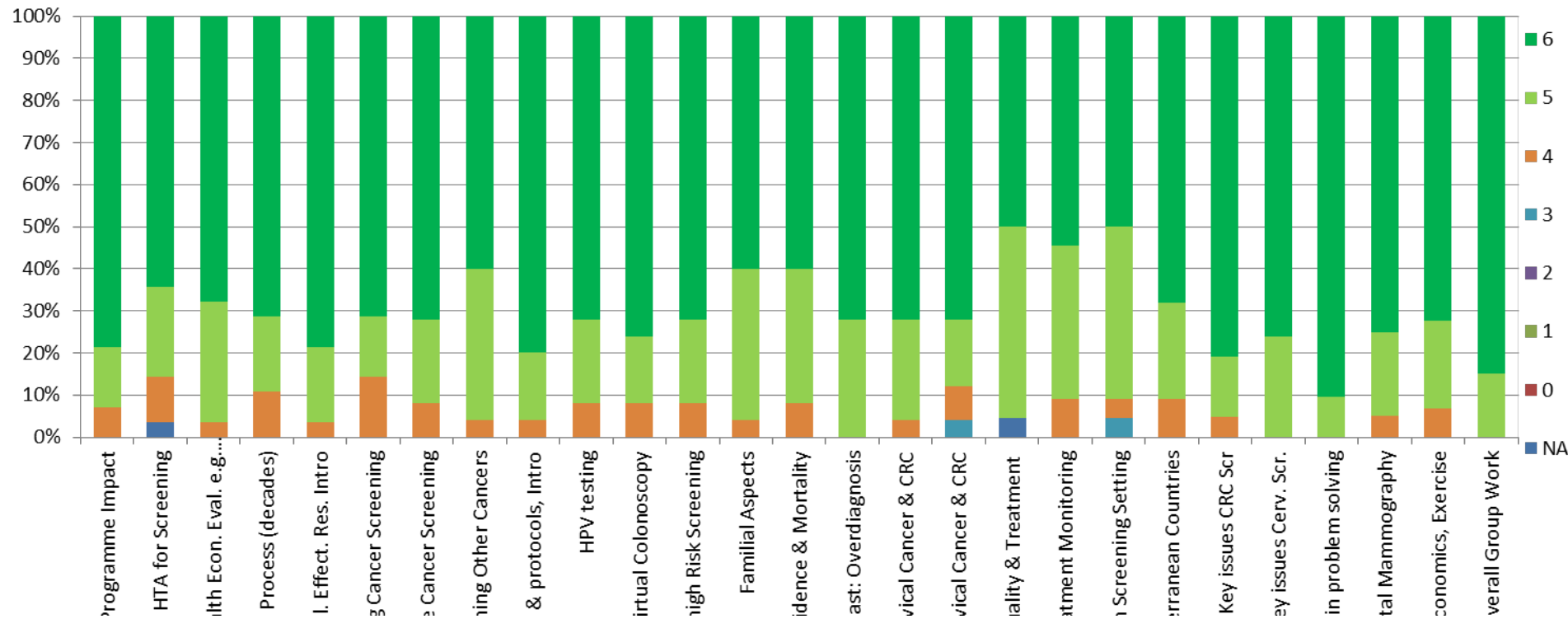
ESSM Advanced training course – Module 1 Evaluation

Good scientific quality of lectures? / Exercises promoted understanding? / Preparation of group work helped to understand course content?



ESSM Advanced training course – Module 2 Evaluation

Good scientific quality of lectures? / Exercises promoted understanding? / Preparation of group work helped to understand course content?



ESSM Advanced training course - Special thanks

- Senior Management Team and Faculty
- Delegates
- Finnish Cancer Society
- Cancer Screening and Early Detection in Mediterranean Countries (CSiMC)
- Secretariat at IARC
- EPAAC coordination team
- Authors and editors of Chapter 4 in EPAAC Book
- Co-financing: EU Health Programme, Finnish Cancer Society, CSiMC, IARC