



PUBLIC FORUM

THE NATIONAL BEATING CANCER PLAN - BUILDING A BARRIER AGAINST THE DISEASE

www.ecpc.oncobg.info

24-th of November 2023, Sofia



UNDER THE AUSPICES OF:



WITH THE SUPPORT OF:



MEDIA PARTNERS:



THE NATIONAL BEATING CANCER PLAN - BUILDING A BARRIER AGAINST THE DISEASE



European Recommendation on screening

Francesco De Lorenzo



European Cancer
Patient Coalition



apoz
Association of patients with
cancer and Friends (Bulgaria)
Time is valuable for us



AMSB-SOFIA
We make things happen!

UNDER THE AUSPICES OF:



Ministry
of Health

WITH THE SUPPORT OF:



ASSOCIATION OF THE RESEARCH-BASED
PHARMACEUTICAL INDUSTRY IN BULGARIA

Innovative Solutions for the Bulgarian Patient

AHK

Association of Health
Insurance Companies
in Bulgaria

ASSOCIATION OF
HEALTH INSURANCE
COMPANIES
IN BULGARIA

MEDIA PARTNERS:



Media Group



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ECPC: Who are we?



- Largest European cancer patients' umbrella organisation established in 2003 with more than 450 members.
- We advocate for patients to be acknowledged as equal partners & co-creators of their own health
- We work for a Europe of equality, where all Europeans with cancer have timely & affordable access to the best treatment and care available, throughout their life

New needs, new rights: CHALLENGES

Information and
Communication

Disparities

Rehabilitation
(phisc, nutritional,
sexual, cognitive
and social

Mother and father
after cancer

Patients and
caregivers rights

Right to be
forgotten

Pain therapy and
pallaitive care

Rare cancers

Neglected tumors

Follow up and
QoL for survivors

Life after cancer

Research

Conquering Cancer: Mission Possible

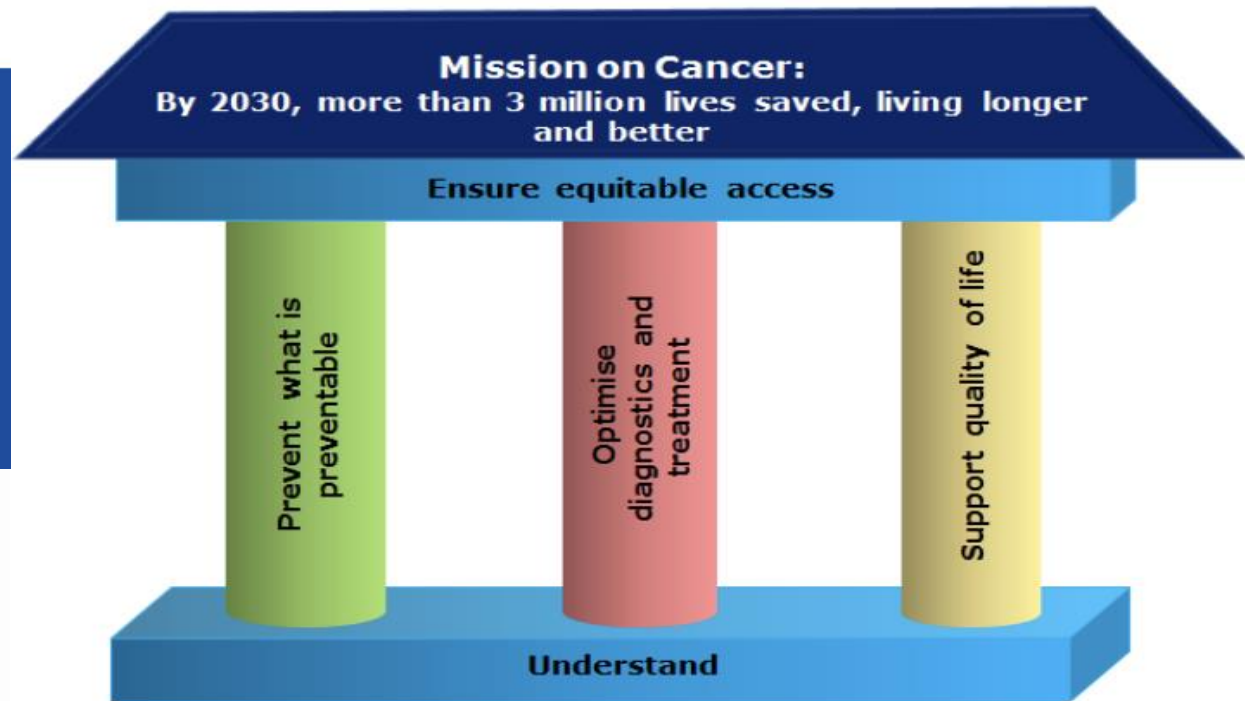


Figure 1. Intervention areas for action

Conquering Cancer: Mission Possible

ANNEX I: OVERVIEW OF RECOMMENDATIONS

Recommendation		Potential synergy with other EU Research and Innovation Missions
1	Launch UNCAN.eu – a European Initiative to Understand Cancer	Missions on Soil health and food; Climate-neutral and smart cities; Adaptation to climate change including societal transformation
2	Develop an EU-wide research programme to identify (poly-) genic risk scores	Missions on Soil health and food; Climate-neutral and smart cities; Adaptation to climate change including societal transformation
3	Support the development and implementation of effective cancer prevention strategies and policies within Member States and the EU	Missions on Soil health and food; Climate-neutral and smart cities; Adaptation to climate change including societal transformation
4	Optimise existing screening programmes and develop novel approaches for screening and early detection	
5	Advance and implement personalised medicine approaches for all cancer patients in Europe	
6	Develop an EU-wide research programme on early diagnostic and minimally invasive treatment technologies	
7	Develop an EU-wide research programme and policy support to improve the quality of life of cancer patients and survivors, family members and carers, and all persons with an increased risk of cancer	Communication to citizens together with other Missions
8	Create a European Cancer Patient Digital Centre where	



Conquering Cancer: Mission Possible

➤ **Recommendation 4: Optimise existing screening programmes and develop novel approaches for screening and early detection**

To improve cancer screening in all Member States, the Mission Board proposes establishment of an EU-wide research programme to identify obstacles, optimise existing screening programmes and develop new approaches for screening and early detection of cancers. Studies will be designed together with citizens and other stakeholders, and support the development and implementation of innovative screening methods for cancers for which a reliable screening tool is lacking or for which current screening methods are suboptimal (as recommended by the Joint Action CanCon³¹); this also includes individualised approaches to screening. To optimise screening impact, effective and easily accessible communication strategies should be developed to enhance citizens' understanding of cancer risks and screening, including in difficult-to-reach geographical areas and populations.

Advances in new low-cost, non- or minimally invasive tests as well as new diagnostic technologies (e.g. liquid biopsies, volatolome testing, imaging biomarkers including radiomics, genetic risk scores, fluid markers, etc.) should be taken into account. Big-data analysis and machine learning methods could be integrated in screening and early detection programmes to generate new insights into risks and risk factors. Decision-making on screening and early detection strategies and programmes in all Member States should include cost-effectiveness modelling.

For continuous monitoring of screening quality, the Mission Board proposes development of a quality assessment tool, which could be implemented in all Member States. Exchange of good practices and twinning of high- and low-performing countries to reduce inequity in access to high-quality screening should also be supported.



Europe's Beating Cancer Plan



Flagship 4: Europe's Beating Cancer Plan will put forward **a new EU-supported Cancer Screening Scheme** to help Member States ensure that 90% of the EU population who qualify for breast, cervical and colorectal⁵¹ cancer screenings are offered screening by 2025. The scheme will be supported by EU funding and focus on making improvements in three key areas: access, quality and diagnostics.



Brussels, 20.9.2022
COM(2022) 474 final
2022/0290 (NLE)

Proposal for a
COUNCIL RECOMMENDATION

on strengthening prevention through early detection: A new EU approach on cancer screening

replacing Council Recommendation 2003/878/EC

{SWD(2022) 296 final}

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How is the EU approaching cancer screening?

The European Plan to Fight Cancer is a key pillar of a strong European Health Union

Population Screening: one of the ten flagship initiatives of the European Cancer Plan

Inequalities in access, quality and quality diagnosis in the EU

Target: by 2025 to offer screening to 90% of the EU population eligible for breast, cervical and colorectal cancer screening.



Council Recommendation

Breast cancer:

Breast cancer screening for women starting aged 45 to 74 with digital mammography or digital breast tomosynthesis¹, and for women with particularly dense breasts consider magnetic resonance imaging (MRI), where medically appropriate.

Cervical cancer:

Testing for human papilloma virus (HPV) for women aged 30 to 65 with an interval of 5 years or more, and consider adapting ages and intervals to individual risk based on the HPV vaccination history of the individuals.

Colorectal cancer:

Faecal immunochemical testing (FIT), quantitative with thresholds defined per sex and age and earlier test result is considered the preferred screening test for referring individuals to follow-up colonoscopy between 50 and 74 years old. Endoscopy may be adopted as a primary tool to implement combined strategies.



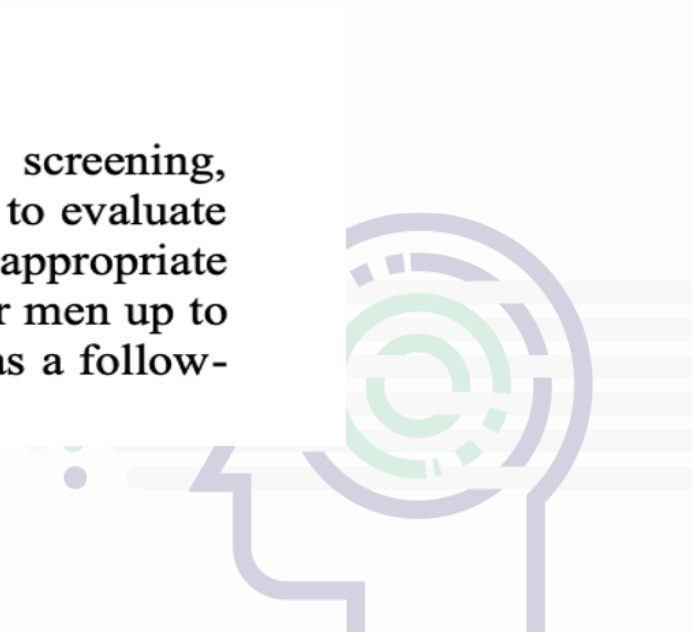
Council Recommendation

Gastric Cancer:

Screening for *Helicobacter pylori* should be considered in those countries or regions inside countries with high gastric cancer incidence and death rates, according to thresholds to be defined in European guidelines with quality assurance. Screening should also address strategies for identification and surveillance of patients with precancerous stomach lesions unrelated to *Helicobacter pylori* infections.

Prostate cancer:

Considering the evidence and the significant amount of ongoing opportunistic screening, countries should take a stepwise approach, including piloting and further research to evaluate the feasibility of implementation of organised programmes³ aimed at assuring appropriate management and quality on the basis of prostate-specific antigen (PSA) testing for men up to 70, in combination with additional magnetic resonance imaging (MRI) scanning as a follow-up test.



Council Recommendation

Lung cancer:

Considering the evidence for screening with use of low-dose computed tomography, and the need for a stepwise approach, countries should begin to test feasibility of this programme by using implementation studies coupled with planned and organised smoking cessation intervention strategies, start with current and ex-smokers who have quit smoking within the previous 15 years, are aged 50 to 75 years and have a smoking history of 30 pack-years (equivalent to smoking 20 cigarettes per day for 30 years)².

This recommendation is a limited achievement since it leaves only ample room for ambition for those Member States wanting to move forward, that leaves and encourages others to invest in more piloting and implementation research.



EU4Health Programme: Funding

This will be supported with funding **from the EU4Health Programme**, through which the Commission has already dedicated substantial funding for screening under the work programmes 2021 and 2022 to the magnitude of EUR 38.5 million.

Following the adoption of the Recommendation, a further 38.5 million is planned under the work programme 2023 mainly to assist Member States with implementation of these new recommendations, including the development of European guidelines and Quality Assurance Schemes for the three new cancer sites (lung, prostate, gastric).



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Thank you for your attention!

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Association of Healthkeepers in Bulgaria
National Association of Healthkeepers in Bulgaria

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