



iPAAC
INNOVATIVE PARTNERSHIP
FOR ACTION AGAINST CANCER

WP5: Early detection, prevention and health promotion

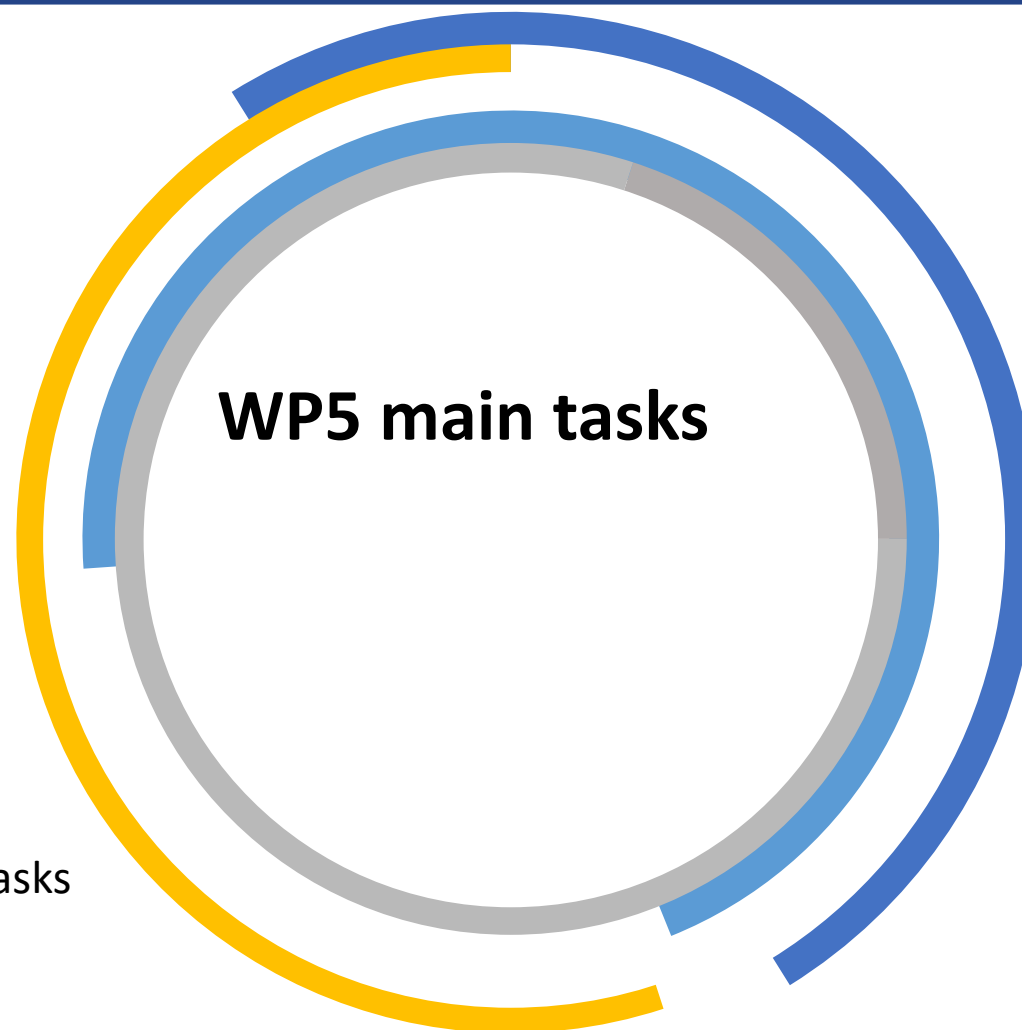
Ms Satu Lipponen, WP5 leader, Cancer Society of Finland/ THL

Second iPAAC JA Stakeholder Forum meeting, Brussels, 10 December 2019



Co-funded by
the Health Programme
of the European Union

- 1** Strategies for early detection of cancer
 - 2** Effective solutions for population-based screening programmes
 - 3** Cancer prevention & health promotion, HiAP: implementation of the European Code Against Cancer
- Inequality a **cross-cutting** theme integrated in above mentioned tasks



MAIN OBJECTIVES OF WP5

- identify barriers to early detection and its management – March 2019 **survey M5.1**
- strengthen quality aspects of population-based screening policies by developing decision making tools, including cost-effectiveness and analysis of harms and benefits
- investigate the possibilities and barriers of risk-stratified protocols within the frameworks of population-based cancer screening programmes – report **M5.2.**
- monitor and review European Code Against Cancer in the long-term perspective focussing on policy tools and guidance given to the general public - **M5.3**
- analyse how governmental policies adopted in Member States foster successful cancer prevention, emphasizing cancer-site specific determinants in each country
- review and plan better endorsement of recommendations within the European Code Against Cancer and to increase aspects of health for all and in every policy for local, regional and EU-level – **M5.3.**
- Roadmap (Deliverable)

Institute of Oncology Ljubljana, SLOVENIA
National Center of Public Health and Analyses, BULGARIA
Croatian Institute of Public Health, CROATIA
Institute of Health Information and Statistics of the Czech Republic, CZECH
Finnish institute for health and welfare+ Cancer Society of Finland, FINLAND
French National Cancer Institute, FRANCE
Federal Ministry of Health + German Cancer Society, GERMANY
Uniklinik Köln
Deutsches Krebsforschungszentrum Cancrer Information Service
National Institute of Oncology, HUNGARY
National Institute of Public Health, ITALY
Veneto Institute of Oncology
Cancer Research and Prevention Institute
Ministry of Health of the Republic of Lithuania, LITHUANIA
Ministry for Health, MALTA
National Institute for Public Health and the Environment, NETHERLANDS
Cancer Registry of Norway, NORWAY
National Institute of Public Health Romania, ROMANIA
Institute of Public Health of Serbia "Dr Milan Jovanović Batut", SERBIA
Catalonia Institute of Oncology + The Foundation for the Promotion of Health and Biomedical Research of Valencia Region, FISABIO, SPAIN
Department of Health from the Region of Murcia
Spanish network of Cancer registries, Instituto Carlos III
Osakidetza (Servicio Vasco de Salud/Basque Health System)
Association of European Cancer Leagues, BELGIUM
International Agency for Research on Cancer, FRANCE
+ collaborating partners

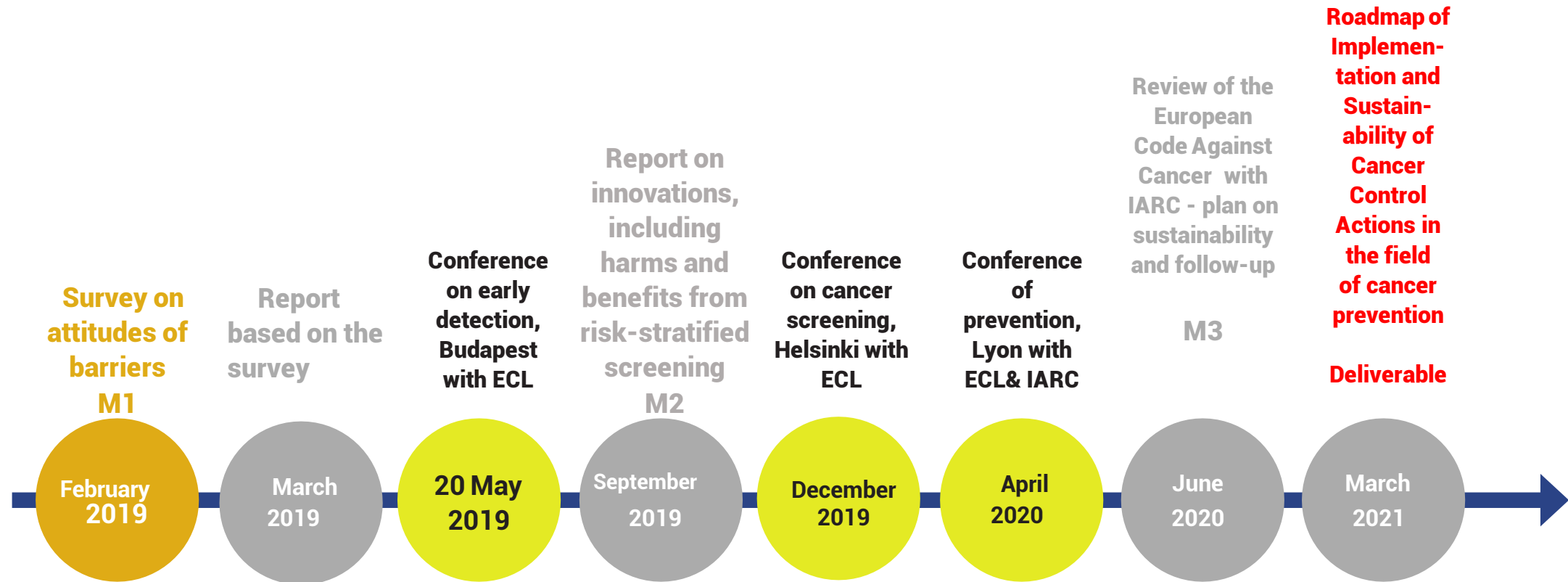
COLLABORATING PARTNERS WP5



ORGANIZATION	
National Association of Statutory Health Insurance Physicians (Germany)	
European Oncology Nursing Society EONS	
European Association of Urology EAU	
University College Dublin UCD (Ireland)	
EuropaColon	
COCIR /Siemens Healthineers	
European Society of Radiology ESR	
United European Gastroenterology UEG	
funding4health	
Central European Cooperative Oncology Group CECOG	
Kishor Hadkhale (Tampere University) (Finland)	



IPAAC WP5 TIMELINE OF KEY ACTIVITIES



BARRIERS: IPAAC SURVEY

Barriers in 3 levels: population, health services and individual domains

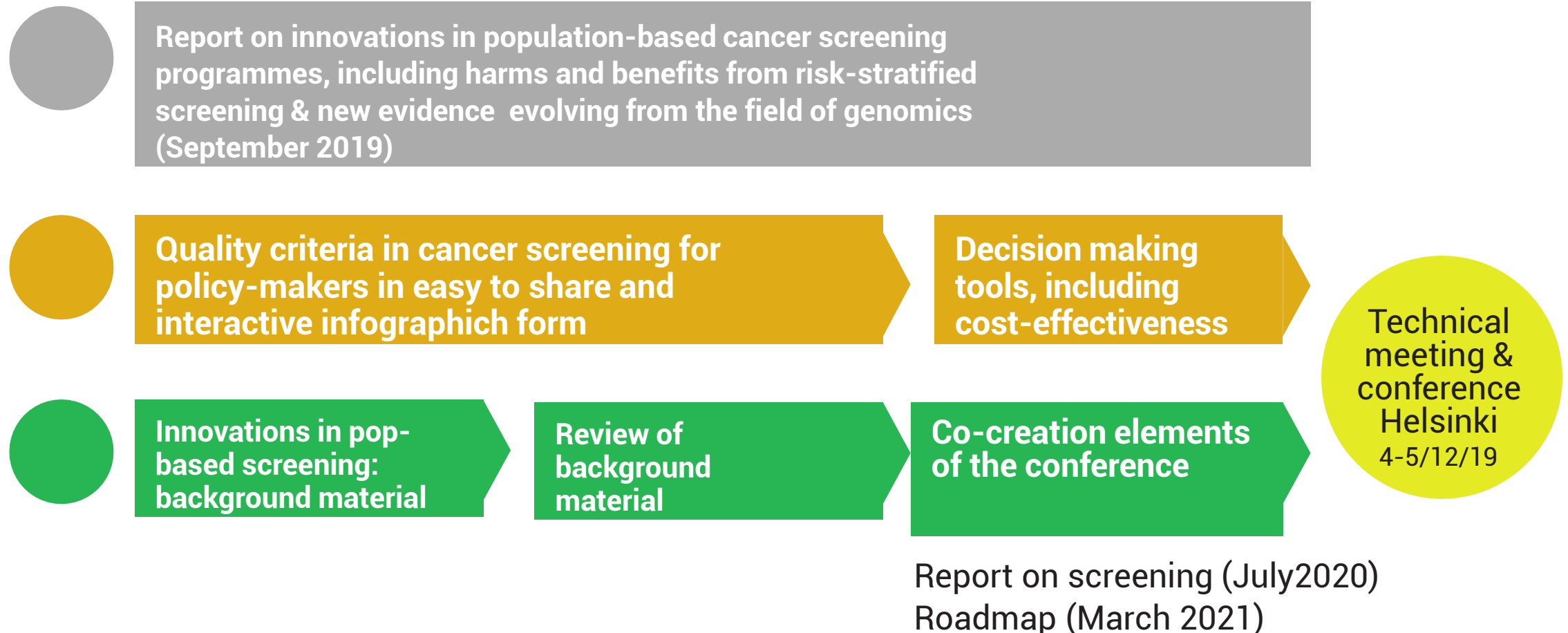
- Awareness on early signs of cancer still inadequate
- Lack on evidence in many cancer types (skin, oral, breast and prostate cancers and other cancers)
- Focus on programmatic health services on early diagnosis
- Inequalities: awareness, health literacy and financial constraints
- Answers from over 30 countries, 153 completed survey

- *From iPAAC Conference 5.1. report Insight and effectiveness of early diagnosis, November 2019 (unpublished)*

BARRIERS BY IMPORTANCE

Barrier	Oral cancer	Skin cancer	Prostate cancer	Breast cancer	Other cancers	Overall
Lack of awareness	72	73	65	69	69	70
Lack of evidence	65	70	68	67	74	69
Poor organization of patient pathway	66	66	66	68	62	66
Patient-level financial constraints	74	48	52	59	61	59
Limited access to primary care	68	54	47	62	54	57
Cancer stigma	63	49	58	54	55	56

IPAAC WP5 TASK 5.2. CANCER SCREENING



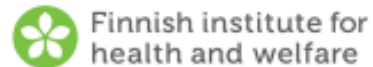
TASK 5.2. CANCER SCREENING



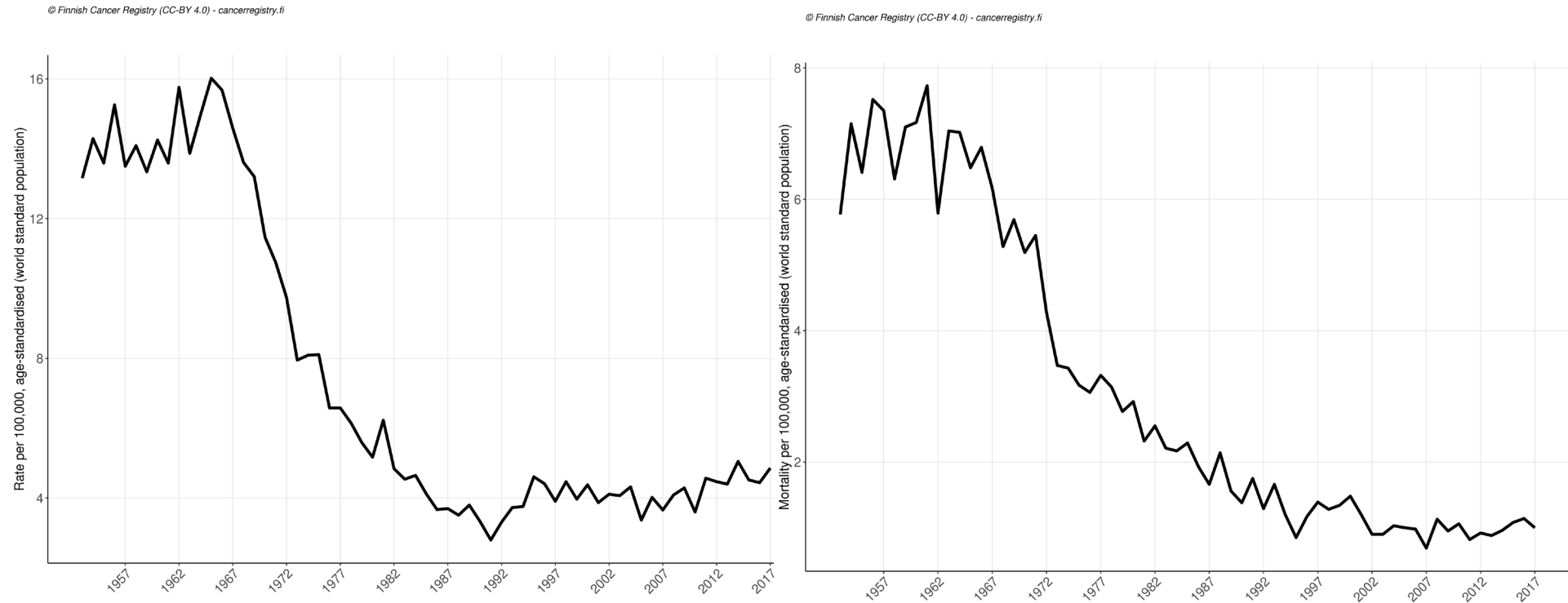
New openings of cancer screening in Europe

Welcome to the 2nd WP5 iPAAC conference!

Hosted by: The Finnish Institute for Health and
Welfare (THL) and the Cancer Society of Finland



Incidence and mortality from cervical cancer in Finland 1953-2017



RISK STRATIFICATION AND CANCER SCREENING

Main focus: means and opportunities to optimize the balances of harms and benefits of population-based screening programmes – screening asymptomatic, healthy people for early detection

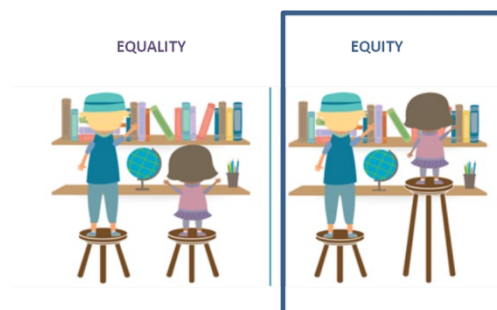
What about those in a high risk?

- Risk stratification within existing programmes is **selective screening within a population-based approach**
- EU Council has recommended screening for breast, cervical and colorectal cancers; of these for instance cervical cancer programme faces changes with HPV vaccinated cohorts
- Screening programmes are **complex public health measures**, not just taking a test
- **Surveillance programmes** defined as close and continuous observation of high-risk groups identified largely from **clinical environment**

WORK FROM EARLIER JA:S

- European Partnership for Action Against Cancer (EPAAC) 2009–2013 – programmatic health care services for the task 5.1., prevention
- Cancer Control Joint Action (CANCON) 2014-2017
- CANCON Chapter Screening from the European Guide on Quality Improvement in Comprehensive Cancer Control
- CANCON Policy paper Tackling Social Inequalities in Cancer Prevention and Control for the European Population
- Other Joint Actions

CONTEST OF BEST PRACTICES TACKLING SOCIAL INEQUALITIES IN CANCER PREVENTION



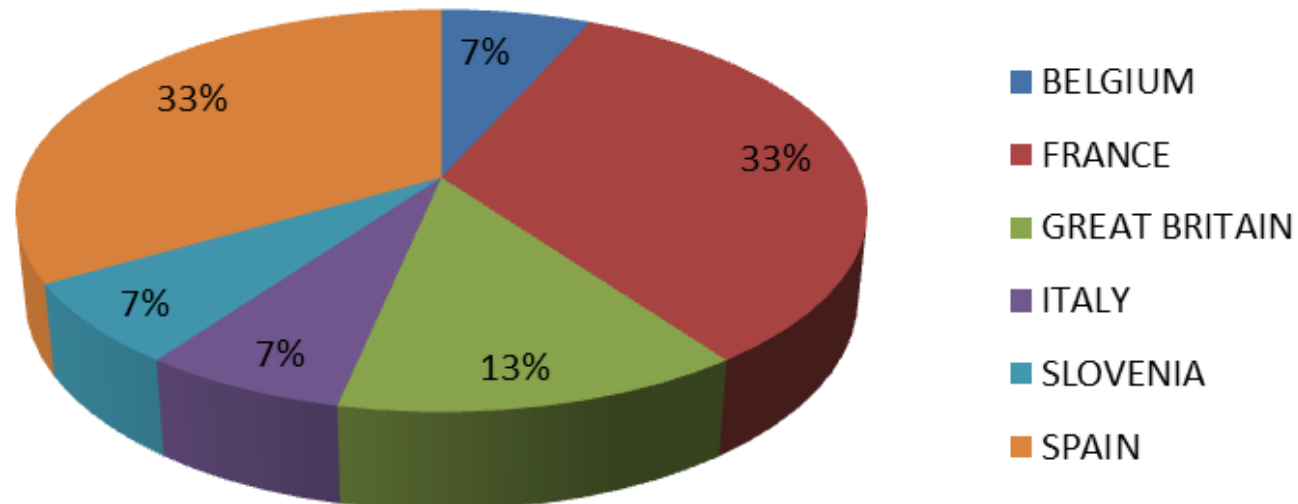
Aims:

- ✓ **Identify and compile** European experiences allowing to reduce social inequalities
- ✓ **Disseminate** these experiences in order to promote the exchange of best practices
- ✓ Ensure **continuity** of previous work (CanCon recommendations) and develop an **innovative approach**.

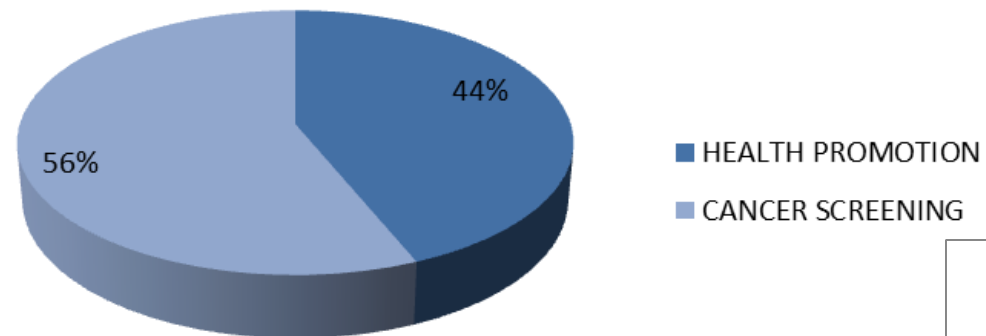
PRIORITY

Aligned with **DG Sante's priority** on
“identifying, disseminating and
transferring best practices in order to
make progress in health promotion
and in non-communicable disease
prevention in Europe”.

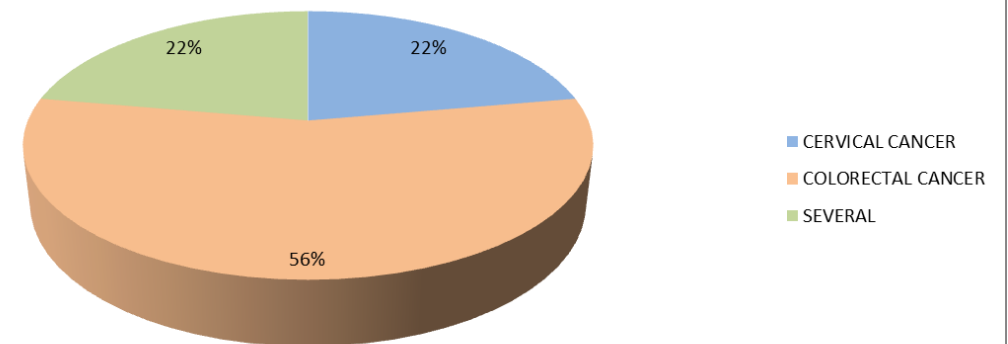
PARTICIPATING COUNTRIES



SCOPE



Screening programmes

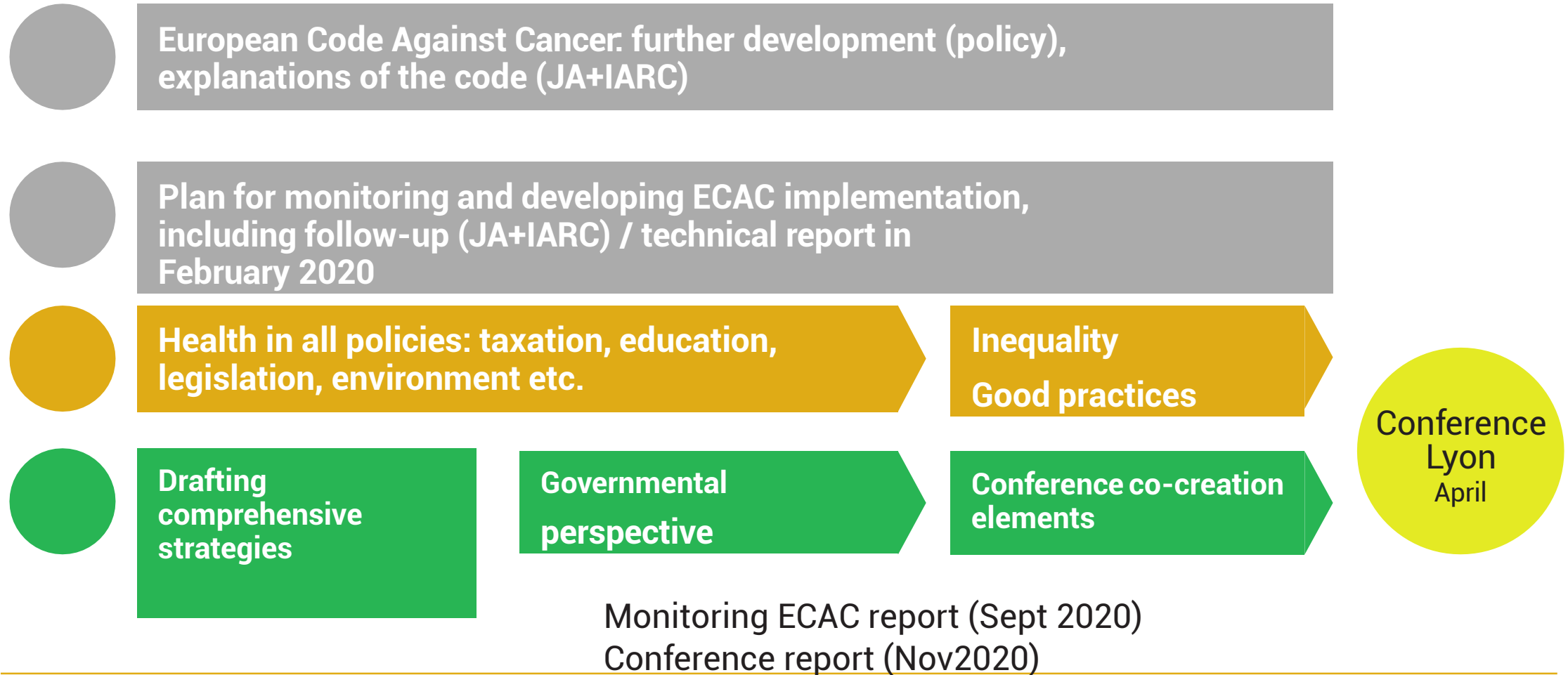


Organisation	Objective	Type of intervention
Flemish Centre for Cancer Detection (Belgium)	Improve cancer screening information for people with functional diversities.	Improvement of digital accessibility, constructing a Perceivable, Operable, Understandable and Robust Website.
NHS England/Improvement (United Kingdom)	Reduce age inequalities in cervical screening uptake	Reinforcing invitation strategy by sending text reminders (in addition to invitation letter).
English NHS Bowel Cancer Screening Programme (United Kingdom)	Decrease SES gradient in bowel cancer screening uptake	Sending Enhanced Reminder letters aimed specifically at individuals who had not responded to the initial invitation.
National Institute of Public Health (Slovenia)	Increase participation of people with lower level of education, men, and communities with the lowest response.	Extensive information and awareness campaigns (TV, radio, local exhibitions and fairs, SVIT ambassadors, information points at primary care centers).
Public Health Local Centre (Spain)	Promote a favourable attitude of deprived population towards cancer (primary and secondary) prevention.	Empowerment and Peer-education on cancer prevention by community health agents.

UNDERSTANDING COMPLEXITY

- Basic principles on disease/condition and testing/intervention normally high-level but programme/system principles much less developed and depending context
- Screening decisions highly complex/ no easy yes and no answers – decisions need many sort of expertise
- All EU council recommended cancer screening programmes – breast, cervical and colorectal – need boosting
- Cancer screening has improved in 15 years but there is room for making screening programmes more effective
- Updates on lung, prostate and ovarian cancer, diversity of opinions

IPAAC WP5 TASK 5.3. CANCER PREVENTION



EUROPEAN CODE AGAINST CANCER



- 12 strategies to prevent cancer burden
- There is evidence and need to improve prevention
- Not only in health domain but across policies (Health in all policies principle)
- Tobacco excise taxes one example: prevention works!
- IARC as subcontractor, technical report in February 2020
- Best practices competition results on prevention forthcoming
- Most important goal: reduce incidence and mortality in Europe



MEETINGS AND SAVE THE DATE FOR TASK 5.3.



- Task 5.1. Budapest conference 20.5.2019 – over 70 registered
- Task 5.2. Helsinki conference 5.12. – nearly 80 registered
- **Save the date: 29.4. 2020 open conference/ venue IARC HQ, Lyon France**



THANK YOU! (BUDAPEST WP5 MEETING IN MAY 2019)

