Work Package 6 Screening and Early Detection

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NEN: Netherlands Standards Organization
Ministry of Health, Welfare and Sport, the Netherlands
Erasmus University Medical Center
EUREGHA: European Regional and Local Health Authorities through:
• Flanders Agency for Health and Care (VAZG);
• North West England cancer screening networks;
• North of England EU Health Partnership (NEEHP);
  • Veneto Institute of Oncology
University of Antwerp
AOSGB&CPO: San Giovanni Battista University Hospital of Turin CPO;
IOL: Institute of Oncology, Ljubljana
Work Package 6: Overall objective

- Improved implementation of the Council Recommendation on Cancer Screening continuously needed; included capacity building, evidence-based implementation modalities, and monitoring and evaluation
- Alleviating key barriers in order to make screening accessible to all citizens who may benefit
Added value in applying lessons learned in quality assurance of cancer screening to early detection in health checks

Balance of harm and benefit often unclear:
• Services range from early diagnosis to lifestyle changes and primary prevention
• Other chronic diseases and health risks than cancer
• Evidence base limited or lacking
• Other long-established quality criteria for population-based screening are not always met
Work Package 6 Screening and Early Detection

The main aims

• Establish an intensive comprehensive training course in management of cancer screening programmes
• Identify inequalities in cancer screening programmes
• Expert advice to regional implementation
• Exchange of experience and reach an initial consensus on quality criteria for health checks
Key Deliverable – An intensive comprehensive training course in management of cancer screening programmes

• Milestones:
  – Audit of a regional cervical cancer screening programme in Kielce, Poland
  – Pilot course plan and selection of participants - involvement of the ESSM and the EUROMED cancer screening projects
  – ESSM Pilot course held in 2 1-week modules and coursework prepared between the modules by delegated participants
  – Published report in the EPAAC book chapter and presentation at the 3rd Open Forum
ESSM Course - Group work between modules

G1 Formalising the protocol of quality assurance system for a cancer screening programme

G2 Screening for cancer in Mediterranean countries

G3 Drafting a report that provides rationale for data linkages

G4 Planning a feasibility phase intervention to improve attendance and adherence

G5 Reconsidering programme strategy or reorganising the programme organisation/policy

G6 Defining the management team and the responsibilities of the cancer screening programme
ESSM Advanced training course – Module 2 Evaluation

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

<table>
<thead>
<tr>
<th>Topic</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programme Impact</td>
<td>100%</td>
</tr>
<tr>
<td>HTA for Screening</td>
<td>95%</td>
</tr>
<tr>
<td>Health Econ. Eval., e.g.</td>
<td>90%</td>
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<tr>
<td>Process (decades)</td>
<td>85%</td>
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<tr>
<td>1. Effect Res. Intro.</td>
<td>80%</td>
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<tr>
<td>1. Screening</td>
<td>75%</td>
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<tr>
<td>2. Cancer Screening</td>
<td>70%</td>
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<tr>
<td>2. Other Cancers</td>
<td>65%</td>
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<tr>
<td>2. Protocols, Intro</td>
<td>60%</td>
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<tr>
<td>2. HPV testing</td>
<td>55%</td>
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<tr>
<td>2. Virtual Colposcopy</td>
<td>50%</td>
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<tr>
<td>2. High Risk Screening</td>
<td>45%</td>
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<tr>
<td>2. Familial Aspects</td>
<td>40%</td>
</tr>
<tr>
<td>2. Heredity and Mortality</td>
<td>35%</td>
</tr>
<tr>
<td>2. Overdiagnosis</td>
<td>30%</td>
</tr>
<tr>
<td>2. Visceral Cancer &amp; CRC</td>
<td>25%</td>
</tr>
<tr>
<td>2. Visceral Cancer &amp; CRC</td>
<td>20%</td>
</tr>
<tr>
<td>2. Mortality &amp; Treatment</td>
<td>15%</td>
</tr>
<tr>
<td>2. Treatment</td>
<td>10%</td>
</tr>
<tr>
<td>2. Monitoring</td>
<td>5%</td>
</tr>
<tr>
<td>1. Screening Setting</td>
<td>0%</td>
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<tr>
<td>1. Screening Setting</td>
<td>0%</td>
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<tr>
<td>1. Issues Cerv.  Scir, Mammography</td>
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<td>1. Issues Cerv.  Scir, Mammography</td>
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<td>1. In problem solving</td>
<td>0%</td>
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<tr>
<td>1. Tal Mammography</td>
<td>0%</td>
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<tr>
<td>1. Exercise</td>
<td>0%</td>
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<tr>
<td>1. Verbal Group Work</td>
<td>0%</td>
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This slide was part of the presentation: ESSM - Intensive Training Course, L. von Karsa (IARC)
EPAAC Open Forum, Ljubljana, 27 Nov 2013
Other Milestones and Deliverables – Inequalities in Cancer Screening Programmes

- Literature review
- Survey on cancer screening inequalities
- Findings of the survey and literature review reported during the 3rd Open Forum
- Final reports of the survey and review to be released in 1Q 2014
**JUSTIFICATION**

Social Inequalities in cancer: health inequalities spanning the full cancer continuum

- **Risk factors**
- **Participation in cancer screening**
- **Access to treatments**
- **Inequalities in cancer incidence and mortality**

**Participation in cancer screening** reduce cancer mortality:

- Organised cancer screening programmes: more equity in access
- Social inequalities in participation in population-based programmes

**European Union Council recommendation** of increasing the participation rate in this type of programmes ensuring equal access.

This slide was part of the presentation: Assessing Inequalities in Screening Coverage, A. Molina (CSISP Valencia)

EPAAC Open Forum, Ljubljana, 27 Nov 2013
1. Characteristics of research on social inequalities in participation in cancer screening programmes in developed countries: WHAT?

Structural determinants of inequalities in participation

WHAT?

Intermediary determinants of inequalities in participation

This slide was part of the presentation: Assessing Inequalities in Screening Coverage, A. Molina (CSISP Valencia)

EPAAC Open Forum, Ljubljana, 27 Nov 2013
1. **Research** on social inequalities in participation in cancer screening is **scarce in Europe** and use mainly a **general approach**.

2. There is **evidence of social inequalities in participation** in European breast cancer screening in every social determinant of health.

3. Only **60%** of countries declared **interventions to tackle social inequalities in participation**. The majority of these interventions applied a **general approach** (all population). Following the WHO recommendations (Whitehead, 2006) there is a need to **complement** this approach with interventions addressed to vulnerable populations (**targeted approach**).
CONCLUSIONS

Good Practices identified in this study to tackle social inequalities in participation in cancer screening:

1. To systematically analysed participation by inequality axis such as age, territory, socioeconomic level and immigration status.

2. To design informative material adapted to the needs of specific socio-cultural groups.

3. Development of strategies to health empower vulnerable population (health agents).

4. Enforcement of intersectoral interventions (health +education+ immigration) to reduce transversal barriers.
Other Milestones and Deliverables - Quality Criteria for Health Checks

• Kick-off meeting
• Survey and Call for source documents
• Consensus Workshop meetings and Public Enquiry
• CEN Workshop Agreement 16224 has been published and is available through the EPAAC website and the national standards institutes
Quality criteria for health checks: 8 chapters

1 Information
2 Communication and informed consent

3 Condition and target population
4 Test procedure
5 Test clinical validity
6 Results
7 Follow up

8 Quality management
### Resolved discussion points in developing the criteria

<table>
<thead>
<tr>
<th><strong>Information before the test</strong></th>
<th><strong>Testing</strong></th>
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<tbody>
<tr>
<td>- content (what is in the check)</td>
<td>- right test</td>
</tr>
<tr>
<td>- diseases and risk factors</td>
<td>- right person</td>
</tr>
<tr>
<td>- personalised risk assessment</td>
<td>- right way</td>
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<tr>
<td>- transparency needed to make an informed choice &amp; consent</td>
<td>Inform the client when the test used is outside the targetted use for the test</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Results</strong></th>
<th><strong>Referral and follow-up</strong></th>
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</thead>
<tbody>
<tr>
<td>- report with results</td>
<td>- agreed protocols for referral &amp; follow-up</td>
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</table>

- Thorough explanation and interpretation
- Risk of overdiagnosis and overtreatment
- Consequences for health care?
Resolved discussion points in developing the criteria

<table>
<thead>
<tr>
<th>Clinical utility?</th>
<th>Possible harm to healthy people benefit &gt; harm</th>
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<tbody>
<tr>
<td>- few RCTs,</td>
<td></td>
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<tr>
<td>- accurate test not enough</td>
<td></td>
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<tr>
<td>- Cochrane review: risk for</td>
<td></td>
</tr>
<tr>
<td>overdiagnosis and overtreatment</td>
<td></td>
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<tr>
<td>- possible harm to healthy people</td>
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<table>
<thead>
<tr>
<th>Quality management</th>
<th>Quality and safety management is essential component</th>
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<tbody>
<tr>
<td>- monitoring and evaluation</td>
<td></td>
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<tr>
<td>- complaint procedures</td>
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Screening in Europe

**Benefit > Harm**

- Condition
  - Important health problem
  - Detectable risk factor
  - Disease marker
  - Early symptomatic stage
  - Treatment available

- Treatment
  - Effective treatment for early detection
  - Reduced mortality
  - Reduced morbidity
  - Better outcomes compared to late treatment

- Programme
  - Clear information, test and outcome
  - Opportunity cost
  - Quality assurance
  - Target population

- Test
  - Simple, safe, precise
  - Validated
  - Suitable cut-off level
  - Adequately measures risk
  - Further diagnostic tools

- Further diagnostic tools

This slide was part of the presentation: Developing Quality Criteria for Health Checks, A. Rendering (VWS) and M. Bijlsma (NEN)

EPAAC Open Forum, Ljubljana, 27 Nov 2013
Other Milestones and Deliverables – Regional Workshops on Improving Population-based Cancer Screening

- Three workshops hosted by one of the coordinating regions:
  - Colorectal cancer, Liverpool, North West England
  - Cervical cancer, Padova, Veneto
  - Breast cancer, Brussels, Flanders
- Survey conducted by the University of Antwerp and reports prepared and completed per workshop
- Presentation of the workshop results at the 3rd OF and release final report by end-January 2014
Emerging findings

The survey and workshop process highlighted good / bad examples and best practices

- It was not possible to summarize them in a simple picture because they were quite diverse and context-specific
- They were in line with the respective EU Guidelines, of which they highlighted practical issues of implementation
- Proved to be very useful for discussion and networking among peers
Pilot testing prior to implementation

- It was felt and shown to be very useful both in countries/regions going to start a new screening programme as well as in those implementing an existing one (i.e. when changing screening modality)
- It highlights context-specific needs and provides means to measure workloads
Provide continuous quality assurance

- Appropriate indicators are necessary to monitor the efficacy of the programme.
- Quality assurance is a circular process: the results of the evaluation form the basis for discussing and learning among the health operators involved in the programme.
GENERAL DISCUSSION AND CONCLUSIONS

• Reports will be completed on schedule
• Several scientific articles from each project are underway, submitted after the activity period
• The ESSM training course has been adapted to needs in several other countries not covered in the pilot of the EPAAC project; plans ongoing for succeeding courses and modules
• Further translational research collaborations are being lined-up for funding calls under H2020
• Autonomous networking needs to be strengthened
GENERAL DISCUSSION AND CONCLUSIONS

• Awareness has been drawn to the issues of social inequalities and barriers requiring further implementation of strategies to reduce the gaps in cancer screening access and quality

• It is too early to recognize the impact and societal implications in the member states
Acknowledgements

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Experts, Contributors and Participants of the workshops, consultations, courses and surveys

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Thank you for your attention