

Feedback from the German Social Insurance Europe Representation about the Planned Update of the Council's Recommendations for Cancer Screening

The development of cancer screening programmes in the EU is based on the Council's 2003 recommendation for organised, universal and quality-based screening programmes for breast, colorectal and cervical cancers. 25 member states had implemented one or more of the screening programmes by 2020. There are major differences within the EU with regard to target group coverage. As a flagship initiative for early detection, a new cancer screening programme will now be launched to help its member states to provide screening for 90 per cent of EU citizens who are eligible for breast cancer, cervical cancer and colorectal cancer screening by 2025. German Social Insurance supports this ambitious target.

Germany introduced the first population-based, organised and quality-assured screening programme with mammography screening for women between the ages of 50 and 69 in 2005. Non-targeted cancer screening for colorectal cancer and cervical cancer, which was established in the 1970s, was also transformed into population-based, organised programmes with a personal invitation system as well as quality and outcome monitoring in 2020. These programmes are based on the recommendations found in the current European guidelines. Population-based screening programmes can improve the population's health by enabling early detection and the treatment of cancer and pre-cancerous lesions, thereby reducing the severity of the treatment courses and mortality rates from specific cancers - and the rate of new cases detected for certain tumour types will also be reduced. However, this will only be true if the programmes are based on reliable scientific evidence, there is adequate proof of the benefits, quality parameters for the structuring, processing and outcomes have been defined and evaluated as well as compliance with them being assured. Therefore it is imperative that the proof is taken into consideration in order to be able to further develop these screening programmes. The European guidelines aimed at screening programmes for breast, cervical, and colorectal cancer, published with scientific and technical input from IARC (International Agency for Research on Cancer based in France), provide a good basis for considering the introduction of new screening programmes and further developing existing ones.

The Council's screening recommendations are nearly twenty years old. Whereas the European guidelines for programme quality assurance have been continuously updated, there is a need to catch up with regard to the Council's recommendation. The necessary revision of the Council's recommendation should also take into consideration the latest knowledge we have about optimising cancer screening. This will be welcomed.

In its proposal to update the Council's recommendations, the EC would also like to extend population-based screening programmes to include other cancers. Listed here are lung, prostate and stomach cancers. In this respect it should be noted that: studies covering the early detection

of prostate cancer through PSA screening have an unfavourable risk/benefit ratio. Lung cancer screening should also be restricted to high-risk groups because of the exposure to radiation. This is why German Social Insurance explicitly demands that, in addition to effectiveness and costs, a balance between patient-relevant benefits and harm should be considered in an updated Council's recommendation for new cancer screening programmes. Extending the screening programmes to include other types of cancer only appears to be justified if there is sufficiently high proof of the benefits in terms of effectiveness, quality and safety as well as a concerted benefit/harm balance. Therefore developing, validating and evaluating new screening programmes is of the highest importance.