



# European Commission proposal for a Council recommendation about strengthening prevention through early cancer detection

Position of the German Social Insurance  
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The German Federal Pension Insurance (DRV Bund), the German Social Accident Insurance (DGUV), the National Association of Statutory Health Insurance Funds (GKV-Spitzenverband) and the national associations for statutory health and long-term care insurance and the Social Insurance for Agriculture, Forestry and Horticulture (SVLFG) have all joined forces to form the "German Social Insurance - European working group) in view of their common European policy interests.

The association represents the interests of its members vis-à-vis the bodies of the European Union (EU) as well as other European institutions and advises the relevant participants in the context of current legislative proposals and initiatives.

As part of Germany's statutory insurance system, health and long-term care insurance, pension insurance and accident insurance provide effective protection against the consequences of major life risks.

## I. Preliminary remark

The Council's recommendations covering cancer screening are almost 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 European Commission has taken up this challenge through its proposal for a Council recommendation covering strengthening prevention through early detection<sup>1</sup> that it released on September 21, 2022.

The proposal initially concerns the updating of the already established population-based cancer screening programmes for breast, cervical and colorectal cancer. The

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<sup>1</sup> [EC proposal for a Council recommendation covering strengthening prevention through early detection: A new EU approach to cancer screening, replacing Council Recommendation 2003/878/EC \(SWD\(2022\)296 final\).](#)

aim of the revision is to provide appropriate screening for 90 per cent of eligible citizens by 2025. Screening programmes for lung, prostate, and stomach cancer will also be phased in.

Germany has accepted the early cancer detection recommendations adopted by the EU Council<sup>2</sup>. The relevant German social insurance institutions, which are highly committed to prevention, disease screening and early detection, will implement the screening programmes for breast, cervical and colorectal cancer in compliance with the requirements stipulated by the Federal Joint Committee, the decision-making body responsible for defining the benefits catalogue for statutory health insurance in Germany. It is against this background that German Social Insurance expressly welcomes the European Commission's initiative to further develop early cancer detection.

## II. In detail

### Further development of established screening programmes

The aim of providing breast, cervical and colorectal cancer screening for 90 per cent of eligible people by 2025 is supported. German Social Insurance supports this aim and we will be able to implement it without any problems.

- The new recommendations are directed towards mammography screening for women aged from 50 to 70 years. The European Commission's proposed change in age limits is appropriate. International studies have produced conclusive evidence that the potential benefits outweigh any harm for the groups of women aged between 45 to 49 and those aged between 70 to 74. Magnetic resonance imaging (MRI) used on women with thick breast tissue needs the tissue thickness above which it should be used to be determined precisely.
- The use of immunochemical stool testing in colorectal screening has been a practice used in Germany since 2017 and people are entitled to it from the age of 50. There is no upper age limit. Colonoscopy can also be chosen as an alternative primary screening test. The EC's proposal can also be followed here.
- Screening for cervical cancer using HPV tests in conjunction with cytology is only carried out in Germany from the age of 35. There is no upper age limit. German

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<sup>2</sup> [Council's recommendation of December 2, 2003 covering cancer screening \(2003/878/EC\).](#)



Social Insurance is open to lowering the age limit to 30, as proposed by the Commission.

### Developing screening programmes for lung, prostate and stomach cancer

The European Commission's proposal envisages a phased approach to testing appropriate screening programmes for other cancers. German Social Insurance shares the view that new programme approaches must first be proven in controlled and randomised studies. Evaluation and validation of the proof of new effective screening programmes is of huge importance. German Social Insurance's point of view is that the programmes should only be extended to other types of cancer if they have a sufficiently high level of proof, meet high quality standards and that the benefits must outweigh any potential harm. This is also to be demanded for economic efficiency reasons. The incidence and mortality rates of cancer should also be used to co-determine the decision to introduce new effective programmes.

- A responsible benefit/harm balance must be determined, especially when screening for lung cancer using LDCT (Low-Dose Computed Tomography). The Federal Office for Radiation Protection in Germany published its scientific assessment of this at the end of 2021. It concluded that early LDCT detection in smokers reduces lung cancer mortality. Because of the radiation exposure involved, equally stringent requirements must be placed on the measure used here in order to ensure a beneficial risk/benefit ratio. The intention to limit lung cancer screening to the group of heavy (former) smokers is therefore logical.
- German Social Insurance is reluctant to extend the screening approach to prostate cancer through the use of PSA tests. The Federal Joint Committee subjected this method to a scientific review in 2020 and its conclusion was that such an approach does more harm than good to men due to over-diagnosis. Whether this damage can be minimised by complementary measures such as magnetic resonance imaging (MRI) would have to be verified through further studies. No controlled and randomised studies covering this topic are available to date.
- German Social Insurance is open to an early stomach cancer detection programme. It makes sense to limit its implementation to those countries and regions in which a significant impact can be identified. The gastric cancer incidence and mortality rates where screening for *Helicobacter pylori* would make sense must also be determined. Phased verification of the feasibility of such a screening programme should be limited to these countries or regions.