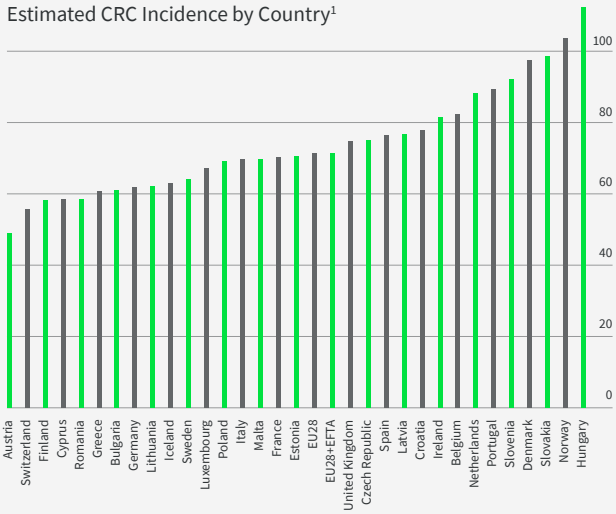
UNITED EUROPEAN GASTROENTEROLOGY

ueg

Coordinating European Action Against Colorectal Cancer

Call to policymakers:

United European Gastroenterology (UEG) calls for the implementation of organised, population-based screening programmes across the entirety of the EU and for Member States to improve the coverage and quality of existing programmes to reduce colorectal cancer (CRC) rates.



Colorectal cancer across Europe

2020 marks ten years since the European Parliament adopted the Written Declaration on fighting colorectal cancer in the European Union[2], which called on the EU Commission and Member States to improve public awareness and national policies to tackle the high CRC mortality rates across Europe.

Since 2010, the number of countries that have implemented CRC screening programmes has increased from 15 to 23, targeting 72% of the eligible population in Europe.[3] Whilst clear progress has been made in the implementation of CRC screening programmes across the EU, there are still vast disparities between Member States in the quality and coverage of their national programmes.

Due to an increase in life expectancy across Europe and the rise of newly diagnosed CRC cases amongst young people, the number of diagnosed CRC cases is predicted to grow in the next decade unless significant action is taken to build upon the progress made since the publication of the Written Declaration.[4]

375,000 new cases

There were over 375,000 newly diagnosed cases of CRC in the EU in 2018[1]

170,000 lives lost annually

CRC is Europe's second biggest cancer killer, claiming the lives of over 170,000 people in the EU each year[1]

6% rise

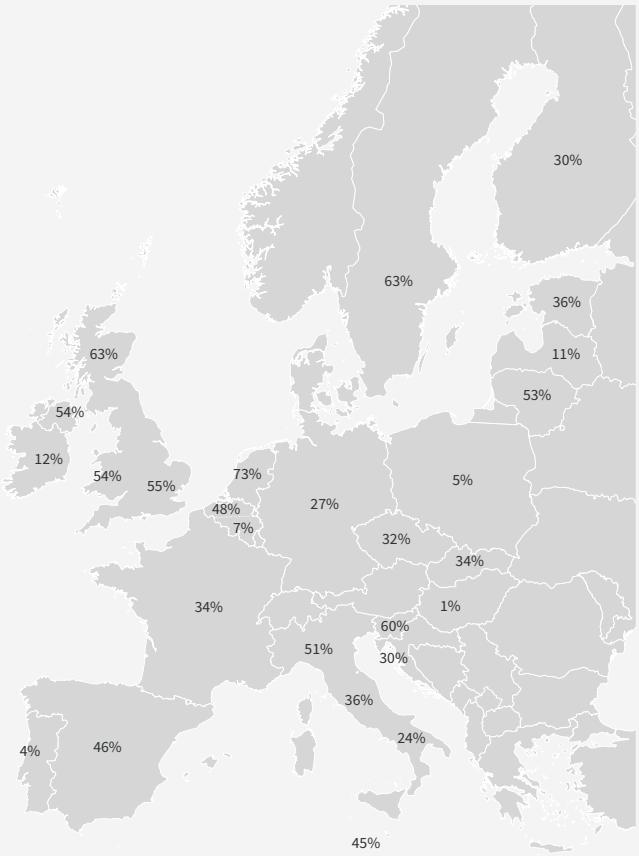
Newly diagnosed cases of CRC are rising by 6% in young adults across Europe each year[4]

Achieving early diagnosis of colorectal cancer

Since the rollout of screening programmes, which now cover over 110 million EU citizens, Europe has observed a steady decline in CRC mortality rates. A recent global study demonstrated a correlation between the introduction of screening programmes and a reduction in CRC mortality rates, supporting the benefits of effective screening interventions.

Participation Rates Across Europe[5]

Country	Participation rate	Country	Participation rate
Austria	n/a	Lithuania	53%
Belgium - Flanders	48%	Luxembourg	n/a
Belgium - Wallonia/Brussels	7%	Malta	45%
Bulgaria	n/a	Netherlands	73%
Croatia	30%	Norway	n/a
Cyrpus	n/a	Poland	5%
Czech Republic	32%	Portugal	4%
Denmark	n/a	Romania	n/a
Estonia	36%	Slovakia	34%
Finland	30%	Slovenia	60%
France	34%	Spain	46%
Germany	27%	Spain - Barcelona	48%
Greece	n/a	Spain - Basque	72%
Hungary	1%	Sweden - Stockholm/Gotland	63%
Iceland	n/a	Switzerland	n/a
Ireland	12%	Turkey	n/a
Italy - North	51%	UK - England	55%
Italy - Centre	36%	UK - Wales	54%
Italy - South and Island	24%	UK - Scotland	63%
Latvia	11%	UK - NI	54%



Inequality of Access

Despite the progress that has been made, there are still noticeable differences across Europe in the implementation and quality of CRC screening programmes, with population coverage remaining low in many of the Member States. A number of countries still run inefficient and cost-ineffective 'opportunistic' programmes, whilst some Member States, particularly in Eastern Europe, have not initiated screening programmes.[3]

A political commitment is needed from the EU to provide further logistic and fiscal support to its Member States, as well as ensuring continued monitoring of its progress in the form of periodic reporting. In doing so, the EU can reduce CRC mortality rates across the continent, and ensure that screening programmes are reaching every sector of society, including hard-to-reach groups.



Bulgaria, Greece, Latvia, Romania and the Slovak Republic currently do not have population-based CRC screening programmes[3]



Prevention and treatment strategies, including the implementation of screening programmes could reduce CRC mortality by 27% by 2030[6]



CRC has a 5-year survival rate of 90% when detected at stage 1 and 71% at stage 2[7]

Increasing public awareness

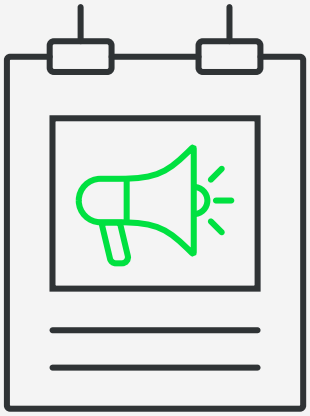
Unhealthy lifestyles, such as diets high in processed foods, smoking and heavy alcohol consumption are heavily linked to the development of CRC.

With recent evidence revealing a 6% rise in newly diagnosed cases of CRC in young adults every year[4], Member States must renew their support of awareness campaigns and public health interventions across the EU that encourage positive lifestyle changes, such as:

— The introduction of a range of policies to limit consumption of fast foods

— Incentives for reducing the production of processed foods

— Educational programmes that highlight the risk of smoking, high alcohol consumption and processed foods



CRC: Know your risk

Symptoms:

— Persistent rectal bleeding

— Blood in stools

— A change in bowel habits

— Abdominal pain

— Loss of appetite

— Unexplained weight loss

Risk factors:

— Heavy alcohol consumption

— High consumption of processed meat

— Age (being 50 years or older)

— Gender (CRC is more common among men)

— Low calcium intake

— Obesity

— Smoking

— Family history of CRC

Reducing the risk:

— Regular CRC screening

— Limited alcohol intake

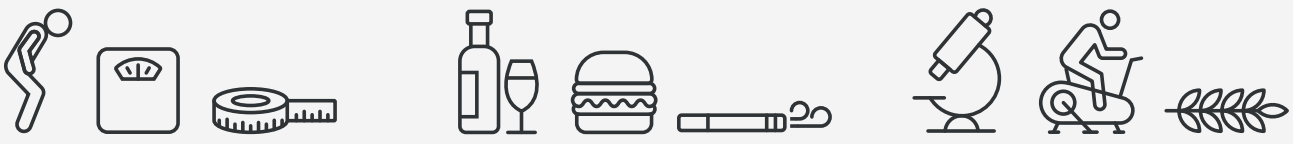
— Maintaining a healthy body weight

— No smoking

— Regular exercise

— Reduced intake of processed meats and saturated fats

— Increased fibre and calcium intake

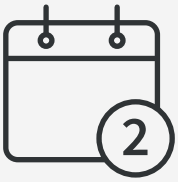


UEG calls on the EU and all Member States to:

Encourage the implementation of **organised CRC screening programmes across the entirety of the EU** in accordance with EU screening guidelines



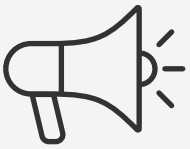
Undertake updates of **European CRC screening guidelines and screening progress reports every two years**, which reflect scientific evidence from current best practice



Incentivise Member States to **improve the organisation of their existing programmes** to further increase the coverage and quality of CRC screening across Europe



Support public awareness campaigns and public health interventions in the EU that encourage positive lifestyle changes to reduce the risk of CRC, aimed particularly at teenagers and young adults



Ensure that **CRC-screening-related research and knowledge is a priority** in the EU Health Programme



1 European Parliament. (2010). Written declaration on fighting colorectal cancer in the European Union. Available at: http://www.europarl.europa.eu/sides/getDoc.do?pubRef=-//EP//NONSGML+WDECL+P7-DCL-2010-0068+0+DOC+PDF+V0//EN&language=EN

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3 Gut. (2019). Increasing incidence of colorectal cancer in young adults in Europe over the last 25 years. Available at: https://gut.bmj.com/content/68/10/1820

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5 The Lancet Gastroenterology & Hepatology. (2019). The global, regional, and national burden of colorectal cancer and its attributable risk factors in 195 countries and territories, 1990-2017: a systematic analysis for the Global Burden of Disease Study 2017. Available at: https://www.thelancet.com/journals/langas/article/PIIS2468-1253(19)30345-0/fulltext

6 ACR. (2017). How many deaths from colorectal cancer can be prevented by 2030? A scenario-based quantification of risk factor modification, screening, and treatment in Norway. Available at: https://cebp.aacrjournals.org/content/cebp/early/2017/08/16/1055-9965.EPI-17-0265.full.pdf

7 National Cancer Institute. (2015). Colorectal Cancer. Available at: https://seer.cancer.gov/statfacts/html/colorect.html