



Colorectal Cancer Health Check Barometer 2015

Contributing countries: Bulgaria, Cyprus, England, Finland, France, Germany, Greece, Hungary, Israel, Latvia, Lithuania, FYR Macedonia, Malta, Netherlands, Portugal, Romania, Russia, Serbia, Slovakia, Slovenia, Spain, Turkey.



EuropaColon

... because life matters

Introduction

This is the 2nd Health Check Barometer EuropaColon has published. Once again we asked our Affiliate and Associate partner groups in Europe, and their supporting clinicians, to provide us with information on a number of topics related to colorectal cancer (CRC). The purpose of this report is to provide us with information to engage in a meaningful manner with the EU Commission and National Governments on issues related to CRC.

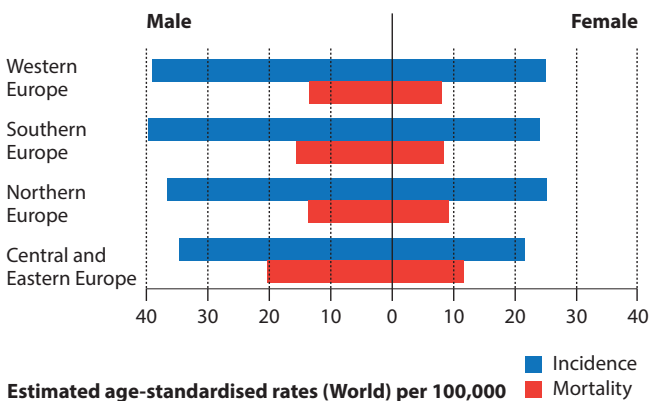
EuropaColon will use the information as a guide to understand the state of CRC in each country. We also wrote to the EU Permanent Representatives to obtain accurate information on CRC screening and National Cancer Plans but at the time of going to print replies had only been received from: Croatia, Denmark, England, Finland, Hungary, Latvia, Lithuania, Malta, Republic of Ireland and Slovakia.

Colorectal Cancer

This is the name given to cancer of the large intestine and rectum. CRC is the 3rd most common cancer in men and the 2nd in women with around 471,000 new cases in Europe every year and almost half this number dying each year.

Enough is known about CRC to be confident that cases can be prevented and many more can be detected early enough to allow cure. This depends on effective prevention and early detection strategies being implemented in all European countries. Early and well-managed interventions could save hundreds of lives in addition to the considerable costs of treatment each year.

The graph shows the incidence and mortality in Europe¹.



National Cancer Plans

During the four years of the European Partnership Action Against Cancer (EPAAC)² considerable work was undertaken in reviewing and developing template models for National Cancer Plans (NCPs). It was considered that a common format for developing NCPs would help Member States when planning their cancer strategy. As our most recent survey shows much work still needs to be done.

An NCP provides guidelines for good practice for the provision of cancer care and transparency enabling all citizens to clearly understand their options if diagnosed. It also helps the clinical community to understand the levels of expectation from their patients and management.

There is a clear message from our partner groups (82%) and clinicians (85%) who believe that their NCPs are in need of a review. In some cases these were published some years ago and with the clinical environment changing fast some of the recommendations are now out of date.

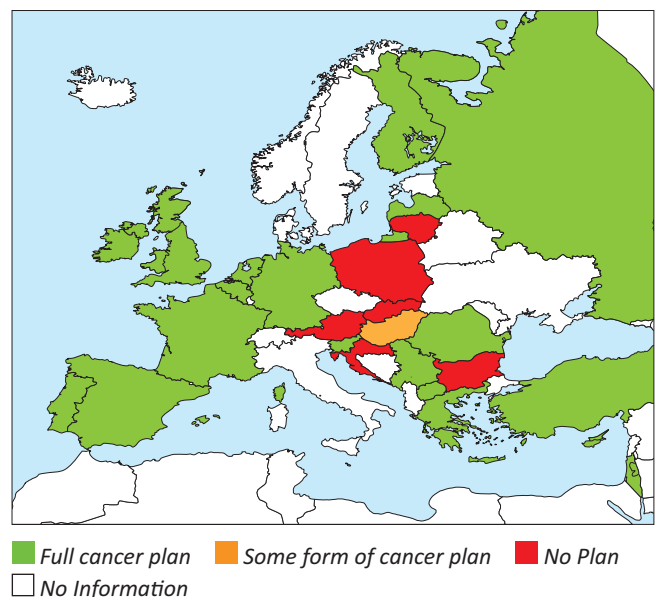
To help address some of the challenges in the changing cancer environment, in 2013 EuropaColon began a series of meetings across Europe to raise awareness of the considerable advances taking place in the diagnosis, treatment and care of all cancers. The aim of the meeting was to highlight these changes and bring them to the attention of Health Ministries so that advances could be incorporated into a new or updated NCP.

At our first meeting in Poland it was clear that although the Ministry felt there was a NCP in place, the clinical community felt differently as they had never seen it and were not involved in its development. As a result of this meeting a series of internal meetings led to the development of a nationally agreed NCP. However despite the good intentions this process has stalled at the time of going to print.

Our 2nd meeting in Spain in 2014, with a number of influential NGO partners, was held in the Conference Centre of the Ministry of Health and Social Services a few months prior to the start of a formal review of their NCP. The meeting was well attended and feed back from the meeting has been very positive. The review has now begun and the contents of the meeting have been duly noted.

Any NCP should look at the equity of delivery of cancer care within a country, especially in light of the Cross Border Directive; this includes access to diagnosis, medicines, treatment and care. It should now also be reviewed in relation to access and delivery in bordering countries.

EuropaColon believes a NCP should be reviewed at least every 5 years. The review should include all clinical and non-clinical partners who are involved in the provision of diagnosis, treatment and care of all cancers. It is essential that any meetings should include patients or patient organisations to recognise the importance of the patient voice.



Colorectal Cancer Screening

In 2011 the European Commission published European Guidelines for Quality Assurance in Colorectal Cancer Screening and Diagnosis³. This comprehensive publication sets the standard for improving early diagnosis with the intention to reduce mortality rates from colorectal cancer with the introduction of a formal Population Screening Programme (FPSP). Not only is the process now well documented but its cost effectiveness has been established without doubt.

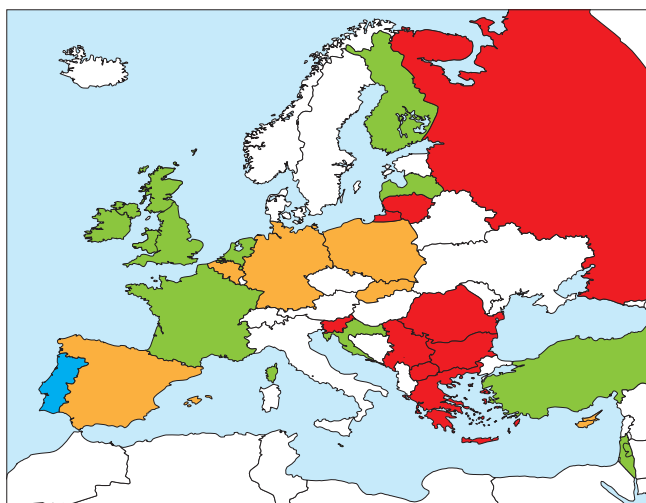
Unfortunately this is only the first stage. Each country must then fully commit to introduce screening for the relevant population group (50-74 year olds) and make sure the health service is able to cope. In some countries this process is still not complete as governments' commitment to this important health initiative is not implemented, despite the fact that lives could be saved and the potential cost savings that could be made.

On a more positive note, in countries where screening has been introduced early, many are moving to adopt less onerous testing approaches making it easier for citizens to comply. EuropaColon welcomes the move from FOBT to FIT.

Whilst we can appreciate there is a lot that needs to be done, much of this work has already been researched and delivered in other European Countries. With the amount of information already collected, citizens should urge for faster implementation of a FPSP in their country.

Once a FPSP has been introduced it is the responsibility of the health system to continue to promote the service and encourage citizens to take up the option to engage with the process. In a recent internal survey our groups reported that compliance varied widely with 10% in Latvia to 31% in France, 46% in Malta and 68% in England. More work is needed to improve uptake of the invitation to participate in the programme.

EuropaColon believes that hundreds of lives can be saved each year if a Formal Population Screening Programme were fully implemented in all countries and actively promoted. We urge countries to speed up their review and adoption so that more lives can be saved.



■ Implemented ■ Partly implemented ■ Not implemented
■ Pilot □ No Information

Biomarkers for Colorectal Cancer

Medicine is moving more and more towards personalising treatments for each individual patients. We believe this will eventually affect every aspect of cancer care from diagnosis to palliation. This development is especially important in CRC with a clinically validated biomarker test for RAS now available in Europe. The test identifies if the patient will respond to a particular medicine of which there are two that target the RAS gene.

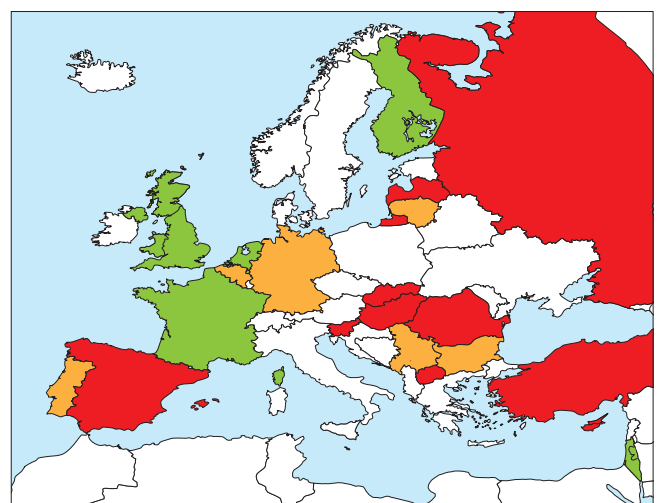
However despite the clinical relevance of these tests there is much work to be done to make them available in all Member States. In addition to setting up the necessary laboratories to test the samples, work is needed to make sure that European standards are maintained at every testing facility. A misdiagnosis can be very unfortunate for the patient but also for the credibility of the science.

EuropaColon welcomes these developments as we move away from one-size fits all treatment. We believe every CRC patient should know the relevance of the test and what it means for their treatment. We recommend each patient ask their clinician if they have been tested for the RAS gene and if the result has influenced the choice of medicine.

Work is being done to simplify the test but in the meantime Member States need to make the commitment to provide this important area of clinical diagnosis. Its cost effectiveness has been proven by the French Cancer Institute. They have shown that testing prior to prescribing a medicine makes considerable savings.

In addition to suitable testing, personalised medicine will only achieve its true potential if patients are empowered to understand their treatment options. They need to ask questions of doctors and nurses so that they full appreciate their choices and their involvement in the delivery of their care. This will take time and encouragement from the whole clinical team and we encourage more doctors and nurses to engage at this level with patients.

EuropaColon believes strongly that centralised testing should be available nationally so that testing of RAS and other cancer bio-markers becomes standard clinical practice across the health service within each Member State.



■ Routine testing ■ Some routine testing
■ Little or no routine testing □ No Information

Managing Cancer Care

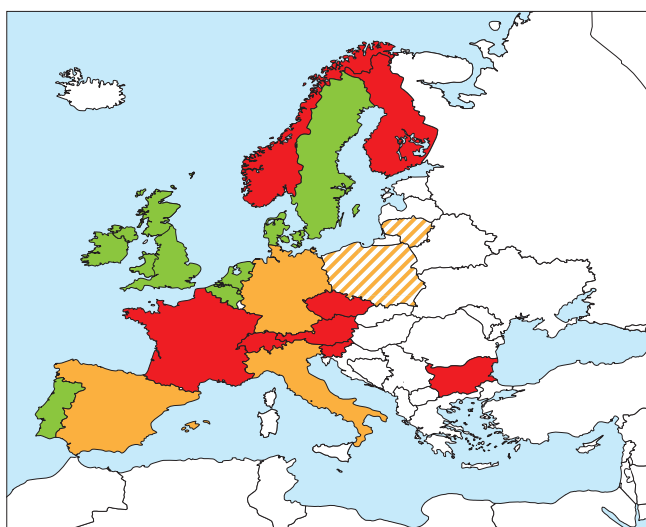
EURECCA (EUropean REGistry of Cancer CARE or EUropEan CanCer Audit), is a new multidisciplinary platform of European Societies, Clinicians, Epidemiologists and NGO's. Their aim is to improve clinical performance and patient outcomes by collating standardised data, reporting on performance and providing feedback, forming improvement plans and sharing best practices. EURECCA is an independent foundation and launched CRC in 2007.

The vision is impressive but delivery is fraught with difficulties. Substantial cancer data is collected in Europe but datasets are not uniform making it hard to develop meaningful reports or compare data. EURECCA is struggling to find registries with compatible data sets to better inform their research. In some countries, where national datasets are incomplete or incompatible, it is possible to work with regional data where the collection is compatible. In other countries EURECCA is aiming to developing national datasets that will provide meaningful analysis.

In time, EURECCA will become the quality assurance portal for cancer management in Europe with a dedicated infrastructure to audit patient outcomes; monitor standardised cancer care and ensure equal access for all cancer patients to best quality care in all European countries.

In addition to treatment guidelines for CRC, work has started on developing guidance in Upper GI, Breast, Pancreas, Liver, Prostate, Lung and Melanoma. This work will be expanded by plans for an educational platform for clinicians treating CRC in the first instance. The project will expand and deliver a fully integrated educational platform to address the latest requirements for clinicians, in order to support the delivery of consistent and high quality integrated care for patients with these cancers.

EuropaColon and EURECCA would like to see great collaboration between countries and regions within countries on data collection. This would help all parties better understand the burden of cancer and assist with planning management and treatment strategies especially at a time when all health budgets are under considerable pressure.



■ National collaboration ■ Regional collaboration
▨ Part regional collaboration ■ No collaboration
□ No Information

Health Awareness

It was of concern to EuropaColon that in many of our partner countries there is insufficient public promotion of the risks of cancer. Cancer is an expensive disease and it makes sense that initiatives should be put in place to make citizens aware of their health responsibilities.

Public health and health promotion is one of the cheapest means of saving lives. Public health should be embraced by all Governments, not only because it will save lives and reduce costs of healthcare through early diagnosis but because it helps keep the nation healthy and going to work every day.

Hours lost to poor health across Europe are on the increase and it is fair to suggest that these could be improved if better policies and approaches to public health were put in place.

With regards to CRC the risk factors are clear and citizens should be made aware of the following:

- Understanding the elements that make up a healthy diet
- Importance of regular exercise
- Limited daily alcohol intake
- Link between smoking and cancer

Obesity has been identified as a contributing factor to CRC. EuropaColon would like to see greater collaboration between the media and governments to address this growing health issue to help citizens better understand their personal responsibility.

References

1. www.epaac.eu/national-cancer-plans
2. www.epaac.eu/national-cancer-plans
3. <http://bookshop.europa.eu/en/european-guidelines-for-quality-assurance-in-colorectal-cancer-screening-and-diagnosis-pbND3210390>

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