

**EUROPEAN COLORECTAL CANCER DAYS: BRNO 2012 - PREVENTION AND SCREENING  
MAY 4-5, 2012, BRNO, CZECH REPUBLIC**

*Data driven prevention has the power to save lives. Prevention – Safety – Effectiveness*

## **Conference summary**

Colorectal cancer is one of the most commonly diagnosed cancers and is the second leading cause of cancer deaths in Europe. More than 200,000 Europeans die each year from malignant tumours of the colon and rectum. These deaths, however, are avoidable in many cases. Numerous clinical and epidemiological studies continue to bring evidence on the benefit of colorectal cancer screening both for individuals and for the populations and societies.

The conference European Colorectal Cancer Days ([www.crcprevention.eu](http://www.crcprevention.eu)), held on 4-5 May 2012 in Brno, Czech Republic, was intended as a networking event, the aim of which was to share up-to-date knowledge and to discuss the application of the hitherto collected findings as regards the establishment of effective systems for colorectal cancer screening and early detection. Regardless of the recent advances in many European countries, there are still many rather persistent questions and problems that need to be addressed. This document attempts to summarize the most important outcomes of the meeting in ten key points.

- 1) **Screening with faecal occult blood test or colonoscopy prevents colorectal cancer and saves lives.** Very high incidence and prevalence of CRC in Europe keep the mortality from colorectal cancer at the top position among malignant tumours. However, over 90 per cent of these cancers can be prevented due to screening; this fact documents its remarkable societal value.
- 2) **CRC screening is recommended and well recognized at the European level.** The support stems mainly from the EU Council Recommendation (2003/878/EC), professional methodical guidelines published in 2010 and the Declaration of the European Parliament on the Fight Against Colorectal Cancer in the EU, which was also published in 2010.
- 3) **The population-based screening has the potential to significantly reduce the epidemiological burden associated with CRC.** It means that the screening process must be able to identify population target cohorts and to support them through addressed invitation. Such scheme can be referred to as the gold standard of the screening design. The current reality, however, is that screening programmes in most European countries still remain in the opportunistic zone, without targeted background reminding the citizens about the screening programme. The opportunistic screening, if equipped with quality assurance and control, might also be effective to a certain degree, at least as the primary step in building appropriate population-based strategy. The opportunistic programmes should be continuously challenged to strengthen their organizational layout in accordance with the population-based model in order to assure the compliance of medical professionals and inhabitants.
- 4) **However, an evidence-based design and a declared support of the screening are not sufficient.** The practical and everyday implementation of the CRC screening in health care systems still faces major problems in individual countries. Heterogeneity in screening plans, changeable modalities employed, low compliance of the target population and insufficient support of stakeholders should be mentioned as the most important obstacles.
- 5) **CRC screening is a complex health care programme which requires a continuous optimization in everyday health care practice.** Its implementation in the health care system of any country must incorporate all necessary elements, namely evidence-based design, optimized capacity and succession of employed modalities and tests, quality assurance routines and finally a follow-up monitoring. Long waiting times, overloaded capacity, insufficient standardization of diagnostic tests – all these discredit the screening programme and make further progress impossible.

- 6) **CRC screening represents a multi-professional preventive strategy which must be based on robust IT infrastructure. Computerization should become a vital component of a functional CRC screening**, namely as the support for inevitable personalized monitoring of invitation, recall and compliance of the target population. Only fully computerized information systems and merged multiple data sources have the potential to follow the individual trajectory of screening participants. In order to be sustainable, the comprehensive information system of the screening process should cover three principal dimensions: a representative population-based epidemiological registry, monitoring of all processes at the screening diagnostic centres, and finally a long-term follow-up. Electronic data capture and subsequent information services must be realized within an adequate legislative framework which is not yet sufficiently harmonized among European countries.
- 7) **A formal concept of cost-effectiveness evaluation should be adopted and incorporated as an indispensable component in the screening communication strategy.** Financial aspects and reachable monetary benefits should be quantified and more visibly communicated, especially in contrast to the growing cost of cancer therapy.
- 8) **Communication and information policy supporting all kinds of cancer prevention should be more standardized and set up to grow in impact.** New guidelines focused on information policy were proposed to be published as an activity which might help the governments and stakeholders to motivate target groups to participate in cancer prevention. First-line communication priorities, promotion of healthy lifestyle and primary prevention rules, data-based models of addressed invitation to the screening and highlighting screening motivators both for clients and health care professionals should be emphasized and standardized in some kind of a new communication tutorial.
- 9) **Well organized and governmentally supported promotion of CRC screening should be closely linked to spontaneously initiated activities.** Internet communication, social networking and up-to-date communication technologies including TV are still not saturated in their advertising potential. An innovative, less widespread, but effective communication models should be introduced, such as strongly suggested communication focused on the so-called “closed communities” of people with the same employment, hobby, lifestyle, etc.
- 10) **Only the mutual collaboration of stakeholders, professional medical communities and patients’ organizations can really eliminate the major barriers to an effective screening process.**

Outcomes of the Brno meeting proved that the European communities engaged in cancer prevention are able to extrapolate data and to share their experience with screening, and that more experienced regions and teams can contribute to the progress of the less experienced ones. This meeting of relevant stakeholders, which was supported by representatives of medical societies and patients' organizations, offered a functional base for experience sharing and a stimulating atmosphere for fruitful discussion of various methodical problems associated with colorectal cancer screening. The multitasking conference joining all the subjects involved in the screening will continue as a new platform generating horizontally managed initiatives which are focused on the support of colorectal cancer screening in all required aspects.

## What should be done?

### Let's upgrade information policy to support CRC cancer prevention

There is no need to invent new models of CRC screening or to dramatically modify its content – European Guidelines are here to help with the design as well as with the implementation of an appropriate screening plan.

- Do responsible national screening coordinators communicate their problems, successes and experience with the guidelines and with their screening programmes? Are they willing to share them?

Different countries have different health care systems. Populations might differ in mentality, culture and inevitably in the attitude to the prevention. On the other hand, neighbouring or similar countries have similar health care environment, similar populations and similar problems with CRC screening.

- Do we use some cross-boundary information platform to help us effectively share solutions, ideas or arrangements?

Everyone today knows the word “cancer”. “Cancer prevention” is almost an overused phrase. People know that smoking is killer. But why do they smoke anyway?

- Do we communicate importance and content of cancer prevention in really a motivating way? In a way acceptable for masses?

Cancer typically occurs in elderly people. However, healthy lifestyle and primary prevention should not be perceived by elderly people only.

- Is the current promotion of cancer prevention appealing for the young generation? Is it an up-to-date and attractive communication, or is it a “dead-letter message”?

Functional screening must be a well orchestrated action of many subjects which need to coordinate their activities closely.

- Are they all aware of their role and responsibility in the screening and in cancer prevention in general? Do we use the collected data to prove the dominance of screening benefits over its risks? Are we trying to convince politicians and stakeholders about the monetary benefits of CRC screening?

Primary health care guaranteed by general practitioners, gynaecologists and other medical specialists is the most important line in the fight against CRC.

- Are they all intentionally involved? Do we search effectively for weak points?

“Data rich – information poor” has become an obligatory phrase or a widely accepted “professional dialect” which is also associated with health care. It might also apply to the colorectal cancer screening programme, but not necessarily. Most problems can be avoided by sharing knowledge, reducing the heterogeneity in input data and by an effective communication on multiple levels. Progress in colorectal cancer prevention increasingly requires standardized and multi-disciplinary exploitation of information resources and their usage in all levels of the “information pyramid” that supports the CRC screening:

- widespread advertising and image-making promotion of screening and prevention
- addressed invitation and recalling of the target population to the screening
- quality assurance and control, including its international benchmarking
- cross-boundary communication and networking

**Modern CRC screening needs an innovative, up-to-date, comprehensive and effective information policy: a pan-European policy.**