

European Commission
COUNCIL RECOMMENDATION on strengthening prevention through early detection:
A new EU approach on cancer screening

The Irish perspective
8th February 2023

1. Background

- On 20 September 2022, the European Commission submitted a proposal to the European Council on strengthening cancer prevention through early detection. The proposal (Council Recommendation 2022/C 473/01) outlining [‘A new EU approach to cancer screening’](#) was formally approved and adopted on 9 December 2022 and replaces a previous Council Recommendation (2003/878/EC) on cancer screening.
- The recommendation is based on robust scientific evidence on improving cancer screening across the EU, prepared by the European Commission’s Group of Chief Scientific Advisors. The proposal updates the current provisions. Recommendations include a wider range of screening tests and practices, extending screening programmes to other target groups and other cancer types; i.e., lung cancer, prostate cancer and gastric cancer, and considering new evidence and technological innovation.

2. Introducing modifications or new screening programmes in Ireland

- The National Screening Advisory Committee (NSAC) was established in 2019 as an independent advisory body with the specific remit to advise the Minister for Health and Department of Health on all new proposals in Ireland for population-based screening programmes and revisions to existing programmes.
- When NSAC makes a recommendation to the Minister for Health to introduce a new programme it then becomes the responsibility of the Health Service Executive (HSE) to begin the business planning process that will signal the implementation of the new programme.
- The NSAC announced its second ‘Annual Call’ for topics in December 2022 and continues to evaluate the applications received during the 2021 ‘Annual Call’. These included applications for the introduction of prostate and targeted lung cancer screening.

3. Status of current population-based cancer screening programmes and proposals for new programmes in Ireland Vs Council Recommendations

- See Table 1 below

Table 1

EU Council Recommendation	Current Irish Position
<p>1. Breast Cancer</p> <ul style="list-style-type: none"> – Considering the evidence presented in the European guidelines, breast cancer screening for women aged 50 to 69 with mammography is recommended. – A lower age limit of 45 years and an upper age limit of 74 years is suggested. – The use of either digital breast tomosynthesis or digital mammography is suggested. – The use of magnetic resonance imaging (MRI) should be considered when medically appropriate. 	<ul style="list-style-type: none"> • BreastCheck invites women aged 50-69 using digital mammography as the screening test. • The National Screening Service (NSS) made a submission to NSAC (December 2021) to consider the evidence for the extension of the programme to those aged 45-74. • NSAC requested the HIQA HTA team to undertake a scoping (rapid) review of the evidence to determine whether it warrants a full HTA – decision awaited from NSAC. • A proposal (another source) was also made to NSAC to consider breast density recording as part of the programme.
<p>2. Cervical Cancer</p> <ul style="list-style-type: none"> – Testing for human papilloma virus (HPV) using only clinically validated assays as the preferred screening tests for women aged 30 to 65 with an interval of five years or more. – Consider adapting ages and intervals to individual risk based on the HPV vaccination history of the individuals. – Consider the possibility of offering kits allowing women to take a self-sample, especially for non-responders to screening invitations. 	<ul style="list-style-type: none"> • CervicalCheck utilises HPV testing as the primary screening test since March 2020 inviting women and people with a cervix aged 25-65. • The school HPV vaccination programme began in May 2010 and (for the vast majority) have not yet reached the screening age of 25. • The NSS and the National Immunisation Office (NIO) are currently in a planning and testing phase to link vaccination status with the cervical screening register. • CervicalCheck intends to undertake research in 2023 to evaluate the feasibility of self-sampling in CervicalCheck.
<p>3. Colorectal Cancer</p> <ul style="list-style-type: none"> – Quantitative faecal immunochemical testing (FIT) is considered the preferred screening test for referring individuals for follow-up colonoscopy between 50 and 74 years old. – Quantitative information from FIT results might be used on the basis of further research with a view to implement risk-tailored strategies, introducing thresholds defined per sex, age and earlier test results. – Endoscopy may be adopted as a primary tool to implement combined strategies. 	<ul style="list-style-type: none"> • BowelScreen utilises the quantitative FIT test as the primary screening test. • BowelScreen invites men and women aged 60-69 with a commitment to extend to 55-74 as per the National Cancer Strategy 2017-2026 subject to adequate endoscopy resources. • NSS made a submission to NSAC (December 2021) to consider the evidence for the extension of the programme to those aged 50-74. • NSAC requested HIQA HTA team to undertake a scoping (rapid) review of the evidence to determine whether it warrants a full HTA. Full HTA will incorporate examination of targeted thresholds - decision awaited from NSAC.

EU Council Recommendation	Current Irish Position
<p>4. Lung Cancer</p> <ul style="list-style-type: none"> – Considering the preliminary evidence for screening with use of low dose computed tomography, and the need for a stepwise approach, countries should explore the feasibility and effectiveness of this programme, for instance by using implementation studies. – The programme should integrate primary and secondary prevention approaches, starting with high-risk individuals. – Special attention should be given to the identification and targeting of high-risk profiles, starting with heavy smokers and ex-smokers who used to smoke heavily, and Member States should further research how to reach and invite the target group, as there is no systematic data (documentation) on smoking behaviour. – Furthermore, attention should be given to the identification and targeting of other high-risk profiles. 	<ul style="list-style-type: none"> • A proposal for a new adult Lung Cancer screening programme using low dose CT scans for high-risk group of current and ex smokers aged 50 to 75 was submitted to NSAC during ‘Annual Call’ 2021. • Await update from NSAC.
<p>5. Prostate Cancer</p> <ul style="list-style-type: none"> – Considering the preliminary evidence and the significant amount of ongoing opportunistic screening, countries should consider a stepwise approach, including piloting and further research, to evaluate the feasibility and effectiveness of the implementation of organised programmes aimed at ensuring appropriate management and quality on the basis of prostate-specific antigen (PSA) testing for men, in combination with additional magnetic resonance imaging (MRI) scanning as a follow up test 	<ul style="list-style-type: none"> • A proposal for a new adult Prostate Cancer screening programme using a prostate-specific antigen (PSA) test, followed by MRI and further interventions where appropriate, was submitted to NSAC during ‘Annual Call’ 2021. • Await update from NSAC.
<p>6. Gastric Cancer</p> <ul style="list-style-type: none"> - Screen-and-treat strategies for <i>Helicobacter pylori</i>, including implementation studies, should be considered in those countries or regions inside countries with high gastric cancer incidence and death rates. - Screening should also address strategies for identification and surveillance of patients with precancerous stomach lesions unrelated to <i>Helicobacter pylori</i> infections. 	<ul style="list-style-type: none"> • No applications submitted to NSAC. Further research likely to be required. <ul style="list-style-type: none"> – The burden of gastric cancer is highest in eastern Asia, and it is the most common cancer type in China, as well as in Bhutan, Cabo Verde, and Tajikistan. Men residing in eastern Asian countries such as Japan, Mongolia, and the Republic of Korea had the highest incidence rates in the world, while incidence rates were lowest in Africa.

The current status on proposals submitted to NSAC is available [here](#).