

Introduction to Group Work: WP5 Conference 5 things to know

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Group work

1. One facilitator per group, responsible to give a report after the meeting
2. Each group receives a set of questions. The facilitator takes care of timetables and summaries
3. Reports from the group will be included in the conference report
4. Group members are encouraged to submit cases directly to WP5 or via submitting to Best practice contest
5. Each group decides 2 proposals for statements to be adopted by this conference
6. There will be a joint selection process of the five key proposals
7. There will be general discussion of group work at the end of the day to enrich the findings
8. Outcomes of this meeting are included in the conference report
9. Your contributions will be circulated for comments



Two rounds of group work

Barriers, cancer type and inequality - First round of group work

1. Discuss the questions.
2. Choose and deepen the best points
3. Agree on the two proposals

5 things to know - Second round of group work

1. Work on the proposals thinking of solutions
2. Formulate proposals and solutions
3. Try to add a practical example to your solution. In this way it is easier to understand for others

VOTING on best proposals and solutions

After the WP5.1 conference

- Facilitators submit a short report of the work
- All the group members can submit good cases to the conference report:
 - Directly to WP5 by the end of July
 - If suitable, FISABIO's Contest of Best Practices runs until 10th August 2019, detailed information found at ipaac.eu
- These cases are used as part of the conference reporting



Specific conference outcomes

WP5 has 3 tasks addressing early detection, cancer screening, and health promotion. Each task will produce comprehensive reports, reflecting perspectives from all partners of the WP5 rather than reports and reviews by working groups.

Desired outcomes from this 1st iPAAC conference are:

1. early detection and management are getting more emphasis in cancer control
2. contribution of a draft plan which advances early detection on European, regional and local level
3. barriers to early detection are more widely known and better understood on policy level

Early diagnosis of cancer: Scope

The Early detection module describes two approaches that enable timely diagnosis and treatment of cancer (WHO 2017):

- (i) Early diagnosis, that is the recognition of symptomatic cancer in patients – **scope of this conference**; and
- (ii) Cancer screening, which is the identification mainly of asymptomatic disease in an apparently healthy target population.

In addition there may be other approaches on particular high-risk groups where early diagnosis or prevention has also been targeted (Andermann et al., WHO Bulletin 2008) and these will also need to be discussed when appropriate.

Benefits and harms of early diagnosis

Early diagnosis based on signs and symptoms of cancer can produce significant benefit when done promptly

- cancer may be detected at a potentially curable stage, improving survival and quality of life in cancer patients.

There may be also harms, such as false positive signs or test results, recognition of non-progressive cancers (over-diagnosis) and over-treatment; as well as barriers.

↔ Appropriate, evidence-informed assessment of potential harms versus benefits prior introducing or scaling up early diagnosis programmes.

Welcome

New openings in cancer screening 2nd WP5 Conference

December 5, 2019

Venue: Helsinki, Finland (THL)

