Annex 2: Council recommendation on cancer screening.

Screening tests which fulfil the requirements of the recommendation are:

- Pap smear screening for cervical cancer precursors.
- Mammography screening for breast cancer in women.
- Faecal occult blood screening for colorectal in men and women.

The Council of the European Union recommends that Member States:

1. Implementation of cancer screening programmes
(a) offer evidence-based cancer screening through a systematic population-based approach with quality assurance at all appropriate levels.
(b) implement screening programmes in accordance with European guidelines on best practice where they exist and facilitate the further development of best practice for high quality cancer screening programmes on a national and, where appropriate, regional level;
(c) ensure that the people participating in a screening programme are fully informed about the benefits and risks;
(d) ensure that adequate complementary diagnostic procedures, treatment, psychological support and after-care following evidence-based guidelines of those with a positive screening test are provided for;
(e) make available human and financial resources in order to assure appropriate organisation and quality control;
(f) assess and take decisions on the implementation of a cancer screening programme nationally or regionally depending on the disease burden and the healthcare resources available, the side effects and cost effects of cancer screening, and experience from scientific trials and pilot projects;
(g) set up a systematic call/recall system and quality assurance at all appropriate levels, together with an effective and appropriate diagnostic and treatment and after-care service following evidence-based guidelines;
(h) ensure that due regard is paid to data protection legislation, particularly as it applies to personal health data, prior to implementing cancer screening programmes.
2. Registration and management of screening data
(a) make available centralised data systems needed to run organised screening programmes;
(b) ensure by appropriate means that all persons targeted by the screening programme are invited, by means of a call/recall system, to take part in the programme;

(c) collect, manage and evaluate data on all screening tests, assessment and final diagnoses;
(d) collect, manage and evaluate the data in full accordance with relevant legislation on personal data protection.
3. Monitoring
(a) regularly monitor the process and outcome of organised screening and report these results quickly to the public and the personnel providing the screening;
(b) adhere to the standards defined by the European Network of Cancer Registries in establishing and maintaining the screening databases in full accordance with relevant legislation on personal data protection;
(c) monitor the screening programmes at adequate intervals.
4. Training
Adequately train personnel at all levels to ensure that they are able to deliver high quality screening.
5. Compliance
(a) seek a high level of compliance, based on fully informed consent, when organised screening is offered;
(b) take action to ensure equal access to screening taking due account of the possible need to target particular socioeconomic groups.
6. Introduction of novel screening tests taking into account international research results
(a) implement new cancer screening tests in routine healthcare only after they have been evaluated in randomised controlled trials;
(b) run trials, in addition to those on screening-specific parameters and mortality, on subsequent treatment procedures, clinical outcome, side effects, morbidity and quality of life;

(c) assess level of evidence concerning effects of new methods by pooling of trial results from representative settings;
(d) onsider the introduction into routine healthcare of potentially promising new screening tests, which are currently being evaluated in randomised controlled trials, once the evidence is conclusive and other relevant aspects, such as cost-effectiveness in the different healthcare systems, have been taken into account;
(e) consider the introduction into routine healthcare of potentially promising new modifications of established screening tests, once the effectiveness of the modification has been successfully evaluated, possibly using other epidemiologically validated surrogate endpoints.
7. Implementation report and follow-up
Report to the Commission on the implementation of this Recommendation within three years of its adoption and subsequently at the request of the Commission with a view to contributing to the follow-up of this Recommendation at Community level.

More information on:

https://ec.europa.eu/jrc/sites/jrcsh/files/2_December_2003%20cancer%20screening.pdf