EuropaColon
united against digestive cancers

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Launch of European Colorectal Cancer Awareness Month
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European Colorectal Cancer Awareness Month launched in the European Parliament on 1st March with presentations from senior clinicians in Europe and hosted by Dr Alfred Sant MEP. The audience comprised MEPs, health care professionals, patient advocates and pharmaceutical companies.

Presentations from Professors Van Cutsem, Halloran, Gonzalez Moreno and Naredi stressed the need for early diagnosis and clinical collaboration through Multi-Disciplinary Teams (MDT) to improve the patient experience and outcomes. Underlying the meeting was the need for political will to overcome differences between countries and within countries so that all patients diagnosed with colorectal cancer can receive the best treatment and care.

Dr Alfred Sant opened the meeting stressing how, as a colorectal cancer patient, he can attest to the advantages of early diagnosis if citizens want to live a health life after a cancer diagnosis. While this is particularly true for colorectal cancer, it holds true for most cancers. He believes that health education should start at school, so that people can absorb how important it is to take responsibility for their health. He stressed the importance of investing in preventative health as a means to greater health awareness and cost savings later in life.

Professor Eric Van Cutsem, Medical Director of EuropaColon, opened with a positive message: that 5 year survival is increasing and is now in the range of 60/65%. Some countries it is greater than others but the trend is upward. However, differences are noticed between countries and within some countries.

He spoke about how colorectal cancer care was changing, with 10 agents now helping to improve the outcomes of patients. There was a cost involved, however, and often doctors had to tread carefully when selecting the best treatment for a patient. Increasingly science pays an increasing role and as the taxomony of cancer unravels more and more this will play an important role in the diagnosis and identifying the right medicine for each patient.

Finally, his recommendations for improving outcomes in all countries included access to Formal Population Screening Programmes (FPSP) for all eligible citizens, the availability of relevant medicines for patients and following of treatment guidelines in treating hospitals. After all the care of a patient doesn't end at a countries border.

Surgery remains the first treatment option for all colorectal cancer patients. For this reason, Professor Santiago Gonzalez Moreno, President of the European Society of Surgical Oncology (ESSO), argued that surgeons were becoming surgical oncologists as surgery becomes more integrated into the pathway for cancer patients. Using the phrase "no surgery, no cure" he stressed the importance of getting it right with this *one chance* in solid tumours. This played to the recent report from ECCO that stressed a minimum number of surgeries are required before performing surgery on a tumour.

Surgery is evolving and the 19th Century perception that 'more is better' no longer holds with new options, such as watch and wait concluding that some patients might do as well without surgery. In addition, minimal invasive surgery is now as effective as full surgery in many cases. While this is more complex for the surgeon

the results are proving to be very effective, offering considerable benefits for patients with shorter hospital stays and quicker return to normal activities, reduced risk of infection and smaller surgical scars.

Professor Stephen Halloran, EuropaColon's Screening Adviser, believes CRC screening is the most effective of the three recommended screening modalities because there was no doubt where it is happening, how to get to it and how long it takes to develop; 10 years. People with a polyp or stage I or II, will fare much better than people diagnosed with a stage III or IV cancer where the cancer has spread into the body. In the UK, where he was Director of a Screening Hub, they are rolling out the Immunochemical Occult Blood Test (FIT) to all eligible citizens. This test is likely to identify twice as many cancers as the gFOBT test.

In a report from the World Health Organisation in 2017 they emphasised that "the cancer burden will continue to grow globally, exerting tremendous physical, emotional, and financial strain on individuals, families, communities and health systems". They pointed to solutions, screening and early diagnosis offering less morbidity and less costly to treat. CRC screening was recommended by the EU Commission in their publication in 2011.

In February 2017 the Commission published the 2nd report on the Cancer Screening in the EU, suggesting progress was being made and that 110m people aged 50-74 could 'potentially' be screening for CRC. Unfortunately this figure is aspirational and depends on a number of issues being resolved. These include greater population uptake of the screening offered, this is very low in many countries; the shift from a pilot to a formal programme; in some countries screening is promised but not yet delivered; in others where not all citizens are offered a test and in some where no screening exists. While EuropaColon can echo this view there is a huge amount of work to move this forward and reactivate flagging or failing screening programmes.

Professor Peter Naredi, President of the European CanCer Organisation (ECCO) spoke about the recent publication - Essential Requirements for Quality Cancer Care. The work was the result of a series of meetings involving 25 clinical societies and patient organisations. These Essential Requirements were the recommendations of this expert group and set the levels of care that patients can expect in their country.

This united voice stressed the importance of multidisciplinary cancer care without which quality is less likely to be achieved. It is hoped by the publication of this document to reduce inequalities that exist in Europe both in treatment and survival. The document lists the basic membership of a MDT and also the additional skills required in an extended support Team.

The document can be used by health care professionals, providers of health care services, payers, administrators, politicians, patients and other stakeholders to better understand the essential requirements that define and describe what is needed for a high quality care CRC service.