

From international guidelines to tailored recommendations: an open discussion within the Euromed Cancer Screening Network.

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BACKGROUND In non-EU Mediterranean countries breast and cervical cancer are widespread among women, and colorectal cancer is among the top ten cancers in both genders. Even though international cancer screening guidelines (ICSGs) offer recommendations for evidence-based interventions, they are highly context-related mainly referring to high-income countries (HICs). How to translate these recommendations in these countries is among the aims of the Euromed Cancer Screening Network (ECSN).

METHODS The ECSN, instituted in 2010 under the coordination of the Cancer Prevention Center of Piedmont (CPO) – WHO Collaborating Center for early detection and screening (financed by the Italian Ministry of Health), has the aim to assist public health decision-makers and healthcare professionals from non-EU Mediterranean countries* to develop cancer early detection programs through capacity building activities, data collection and analysis.

RESULTS Although national governments have undertaken significant efforts to introduce and/or improve cancer screening programs, several constraints (e.g. limited financial resources, poorly developed healthcare services, lack of equipment, and qualified healthcare professionals) make the adoption of initiatives based on international standards unattainable. Based on a review of existing international guidelines, just a few of them refer and/or consider the characteristics of low- and middle-income countries (LMICs). Due to this, the current discussion is whether guidelines should be contextualized or completely adapted, identifying alternative recruitment strategies, appropriate indicators and standards, and a sustainable monitoring system. In this process to consider whether technology can improve screening quality by reducing costs and increasing quality of diagnosis could be assessed (e.g. affordable molecular assays for HPV could be the solution for CC if cytologists and pathologists are not available)

CONCLUSION ICSGs are highly context-related mainly referring to HICs, and evidence-based literature on interventions from LMICs is still lacking. To invest time and resources on this field is challenging but compulsory in the global fight against cancer.

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