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UEG statement on Europe's Beating Cancer Plan Roadmap

As an organization representing the field of digestive health, we welcome the importance given to developing a Cancer Plan at EU-level and take this opportunity to draw attention to the growing threat posed by digestive cancers amongst the European population.

Digestive cancers, including esophagus, stomach, pancreas, liver, small bowel or colon cancer, affect both men and women and are the leading cause of cancer-related death in Europe. They are the most common type of cancer in Europe among men and second most common in women after breast cancer.

We salute the initiative of putting prevention at the heart of EU's cancer agenda and focusing on lifestyle choices. There is strong evidence that many chronic digestive diseases are preventable and, therefore, a shift of focus from treatment to prevention is essential. Diet is one of the most important factors in the development and prevention of cancer. We, therefore, count on the Farm to Fork strategy to transform the food systems by limiting the consumption and production of unhealthy foods, reducing salt and sugar in processed foods and limiting the availability, affordability and acceptability of fast foods. Moreover, the Cancer Plan's pillar on prevention should include measures aimed at reducing smoking prevalence and alcohol-related harm, as well as increasing physical activity - particularly important in the prevention of non-alcoholic fatty liver disease, which is a major risk factor for liver cancer.

We also support EU's determination to tackle health inequalities from prevention to treatment. In this regard, we would like to draw your attention to the vast inequalities in colorectal cancer screening programmes design and participation across Europe. Evidence demonstrates that screening for colorectal cancer reduces incidence and mortality rates, therefore we call for the implementation of standardized population-based screening programmes for colorectal cancer in all Member States, together with regular updates of the European colorectal cancer screening guidelines and screening progress reports every two years. Furthermore, we welcome the consideration of broadening the scope of cancer screening and recommend the implementation of screening for viral hepatitis.

Other digestive cancers, like gastric and oesophageal cancers, are characterized by a particularly bad prognosis (overall 5-year-survival not exceeding 25% and 10%, respectively). In this regard, we would like to focus future research projects on the harms and benefits of both gastric and oesophageal cancers screening programmes.

In light of the acknowledged need to cover existing knowledge gaps, we would like to bring into your attention the case of pancreatic cancer. Pancreatic cancer is the deadliest cancer, with a 5 years survival of less than 10% and little progress for almost 50 years. Yet, pancreatic cancer receives less than 2% of all cancer research funding in Europe. To fill existing knowledge gaps, we strongly urge the EU, to increase funding into: pancreatic cancer research (basic science and clinical studies), environmental factors for cancer development, including micro environmental factors such as microbiota, as well as the establishment of prognostic and particularly predictive biomarkers - where gastroenterologists play a crucial role due to access to early stages of digestive cancers.

UEG, as a recognized leading authority for digestive health, stands ready to assist the EU institutions with medical expertise across all the key aspects addressed by the EU's Cancer Plan, ranging from prevention to treatment.

About UEG

United European Gastroenterology (UEG) is a professional non-profit organisation combining all the leading European medical specialists and national societies focusing on digestive health. Together, we act as the united and trusted voice of European Gastroenterology, promoting science, research, education, quality of care and reduced health inequalities.