

UEG's response to the interim report of the Mission Board for Cancer

Following the publication of '*Conquering cancer: Mission possible*' [interim report](#), United European Gastroenterology (UEG) would like to come forward with the below-stated comments, to emphasize how certain proposed measures, if taken, could aid the prevention, diagnosis and management of digestive cancers.

Recommendation 3 on supporting the development and implementation of effective primary cancer prevention strategies and policies within Member States and the EU

Strong evidence suggests that digestive cancers are at least partly preventable, therefore a shift of focus from treatment to prevention is essential. Considering this, diet is one of the most important factors in the development and prevention of cancer. Therefore, to prevent cancer, there is a need for more research focused on dietary components and habits. Moreover, the absence of globally agreed scientific targets for healthy diets and sustainable food production has further hindered large-scale and coordinated efforts to transform the global food system.

UEG emphasizes in several reports the importance of comprehensive policies aimed at limiting the availability, affordability and acceptability of ultra-processed food and alcohol (fiscal measures, marketing restrictions, labelling). Equally important are smoking prevention and increasing physical activity - particularly important in the prevention of non-alcoholic fatty liver disease, which is a major risk factor for liver cancer, but also of other digestive cancers.

With growing evidence of the link between unhealthy lifestyle habits and cancer, we must prioritise research into the underlying mechanisms and focus our resources and training on novel, targeted prevention strategies. As diet is a primary determinant of gut microbiome composition, and it has been shown that certain microbiota compositions can have a role in tumour development. Further research is needed to identify the specific consortia of microbiota composition in the faeces that indicate which people are at a high risk of colorectal cancer but, more importantly, can protect people from colorectal cancer.

When designing preventive action, the role of primary care physicians should be further explored in relation to key actions like promotion of healthy and active lifestyles, informed dietary advice, increased public understanding of cancers, including their associated symptoms and risk factors to ensure early diagnosis and intervention, as well as screening uptake. We also support the ambition of enhancing research on public health policies and inequalities to provide strong rationale for regulations to policymakers.

Recommendation 4 on optimising existing screening programmes and developing novel approaches for screening and early detection

Screening for colorectal cancer reduces incidence and mortality rates. Since 2010, the number of countries that have implemented colorectal cancer screening programmes has increased from 15 to 23, targeting 72% of the eligible population in Europe. Nonetheless, there are still vast disparities between Member States in the quality and coverage of their national programmes. Therefore, the challenges in implementation faced by Member States/regions, together with the participation barriers experienced by disadvantaged groups must be identified and better

understood, in order to improve quality and coverage of screening programmes across the EU. Moreover, due to an increase in life expectancy across Europe and the rise of newly diagnosed colorectal cancer cases amongst young people, the number of diagnosed colorectal cancer cases is predicted to grow in the next decade, unless significant action is taken to build upon the progress made. Young-onset colorectal cancer is more aggressive, more likely to be diagnosed at an advanced stage, and more likely to be fatal than colorectal cancer diagnosed later in life. We, therefore, stress the importance of further research into the understanding of the increase of young-onset of colorectal cancer.

Screening of upper digestive cancers (oesophageal, gastric), particularly in high risk individuals and/or high incidence European countries, should also be considered with adapted tools. This should be improved through better identification of patients at risk by means of robust biomarkers which should be developed.

Recommendation 6 on the development of an EU-wide research programme on early diagnostic and minimally invasive treatment technologies

With a 5 years survival of less than 10% and no progress for almost 50 years, pancreatic cancer is the deadliest of all types of cancer. As concerns have been raised over the precision and provision of endoscopic ultrasound for pancreatic cancer, we would like to stress the need for improvement. Better in vivo diagnosis of early neoplastic lesions of the digestive tract and the development of less invasive techniques are crucial for facilitating more accurate results. Research into these tumors, such as pancreatic cancer, which are difficult to diagnose and screen, is crucial to transfer the success from other entities (e.g. colorectal cancers) to this devastating disease.

Greater importance should be attached to environmental factors for cancer development, including micro-environmental factors such as microbiota. Further research should focus on the exploitation of artificial intelligence, big data and machine learning, and next generation screening markers in gastroenterology (including microbiome and metabolome biomarkers) with the aim of increasing early disease detection and directing to a personalized treatment.

Moreover, in synergy with the actions proposed under the European Initiative to Understand Cancer (uncan.eu), Europe-wide pseudonymized patients' registries and biobanking would facilitate improvement of diagnostics and treatment of almost all GI disorders.

Recommendation 9 on achieving cancer health equity in the EU across the continuum of the disease

We support EU's determination to tackle health inequalities throughout all stages of the disease. Access to predictive testing and availability of targeted, personalized treatments should not only be available in the most developed EU economies, but throughout the EU. This can only be achieved through increased research and scientific capacities throughout the EU, particularly in Member States lacking the necessary resources and facilities. Comprehensive, high-quality data on preventive, diagnostic, and therapeutic activities throughout Europe is needed in order to further improve patient care and advance clinical studies and rational clinical decision making for cancer patients.

Recommendation 10 on setting up a network of Comprehensive Cancer Infrastructures within and across all EU Member States to increase quality of research and care

The EU has a crucial role to play in public health by creating harmonized standards in health care across Europe, through its competence to support, coordinate and supplement the actions of the Member States concerning public health.

In line with the aim of establishing strong Comprehensive Cancer Infrastructures (CCIs) within and across EU Member States, we call for regular updates of the European colorectal cancer screening guidelines and screening progress reports every two years, which reflects the evidence from current best practice. Moreover, there should be put in place a mechanism to monitor the uptake and adherence to the guidelines to ensure there are harmonised standards of care and research implementation across the EU.