

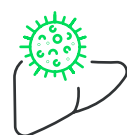
Cancer screening: Identifying high-risk populations

Colorectal cancer



- Implement organised, **population-based colorectal screening programmes** including endoscopic screening programmes with modern quality assurance and equal access to screening information.
- Adopt the use of **faecal immunochemical test (FIT)** as a means to increase adherence to, and stratify high-risk patients in, colorectal cancer screening programmes.
- Perform **embedded research** to **quantify the benefits and harms** between different CRC screening tests and their applications.
- Introduce **risk-based screening algorithms** based on age, sex, genetic risk and lifestyle factors to enable personalised CRC screening.

Liver Cancer



- **Strengthen the evidence** base for liver cancer screening in high-risk populations.
- **Screen for cirrhosis** among patients at high risk of chronic liver disease so that liver cancer screening can be offered to the entire target population.
- Implement **risk stratification** among patients with cirrhosis, so that all patients at risk for liver cancer can receive a personalized liver cancer screening in the future.

Gastric cancer



- Implement **population-based screening for H. pylori** in countries with a **high incidence** of gastric cancer (Eastern European countries, Portugal, Slovenia) and in individuals in all other countries who are considered at a high risk for gastric cancer.
- Adopt a well-designed H. pylori screening and treatment **implementation strategy on a regional and/or national basis**, with thorough monitoring and collection of outcome data.
- Prioritize **research into non-invasive markers** to help identify individuals at increased risk and who may benefit from systematic screening.

Pancreatic cancer



- Prioritize **research in pan-European networks** to identify **screening marker panels** to be adopted for screening of high-risk populations, with sufficient **accuracy and cost-effectiveness** to detect microscopic or stratify cystic precancerous lesions for pancreatic cancer, a malignancy with dramatically raising incidence.
- Prioritize research into **novel or refined imaging methods** to detect precancerous lesions and invasive tumours at a very early stage in high-risk populations.

This paper has been produced by United European Gastroenterology (UEG). UEG is a professional non-profit organisation combining all the leading European medical specialists and national societies focusing on digestive health. For more information visit www.ueg.eu.

Resources

1. United European Gastroenterology (2022) Position Paper: Digestive Cancer Screening Across Europe ([accessible here](#)).
2. European Association for the Study of the Liver (2022) Policy Statement on Liver Cancer Screening ([accessible here](#)).
3. European Cancer Organisation (2022), Earlier is Better: Advancing Cancer Screening and Early Detection Action Across Tumour Types and Challenges ([accessible here](#)).