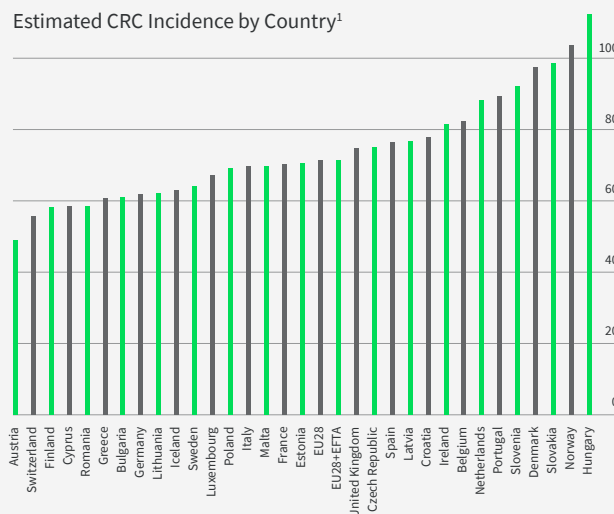


Coordinating European Action Against Colorectal Cancer

Call to policymakers:

United European Gastroenterology (UEG) calls for the implementation of organised, population-based screening programmes across the entirety of the EU and for Member States to improve the coverage and quality of existing programmes to reduce colorectal cancer (CRC) rates.

Estimated CRC Incidence by Country¹



Colorectal cancer across Europe

2025 marks fifteen years since the European Parliament adopted the Written Declaration on fighting colorectal cancer in the European Union², which called on the EU Commission and Member States to improve public awareness and national policies to tackle the high CRC mortality rates across Europe.

Since 2010, the number of countries that have implemented CRC screening programmes has increased from 15 to 23, targeting 72% of the eligible population in Europe.³ Whilst clear progress has been made in the implementation of CRC screening programmes across the EU, there are still vast disparities between Member States in the quality and coverage of their national programmes.

Due to an increase in life expectancy across Europe and the rise of newly diagnosed CRC cases amongst young people, the number of diagnosed CRC cases is predicted to grow in the next decade unless significant action is taken to build upon the progress made since the publication of the Written Declaration.⁴



361,986
new cases

There were over 361,000 newly diagnosed cases of CRC in Europe in 2022⁵



161,182
lives lost annually

CRC is Europe's second biggest cancer killer, claiming the lives of over 161,000 people in Europe each year⁵



**Rise of early
onset CRC**

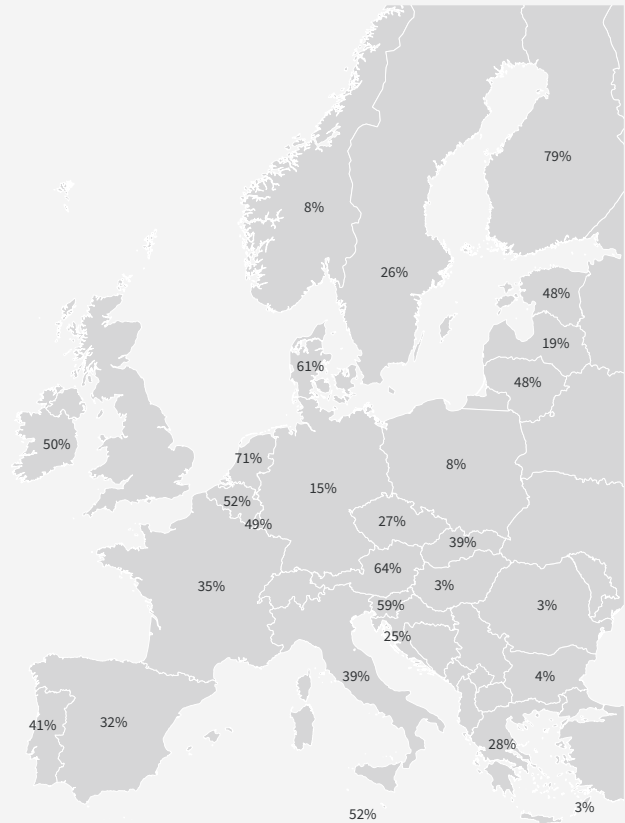
There is rising incidence of early onset CRC in 20 out of 27 EU countries⁶

Achieving early diagnosis of colorectal cancer

Since the rollout of screening programmes, which now cover over 110 million EU citizens, Europe has observed a steady decline in CRC mortality rates. A recent global study demonstrated a correlation between the introduction of screening programmes and a reduction in CRC mortality rates, supporting the benefits of effective screening interventions.

CRC screening coverage rates across Europe³

Country	Participation rate	Country	Participation rate
Austria	64%	Italy	39%
Belgium	52%	Latvia	19%
Bulgaria	4%	Lithuania	48%
Croatia	25%	Luxembourg	49%
Cyprus	3%	Malta	52%
Czech Republic	27%	The Netherlands	71%
Denmark	61%	Norway	8%
Estonia	48%	Poland	8%
Finland	79%	Portugal	41%
France	35%	Romania	3%
Germany	15%	Slovakia	39%
Greece	28%	Slovenia	59%
Hungary	3%	Spain	32%
Iceland	6%	Sweden	26%
Ireland	50%		



Inequality of Access

Despite the progress that has been made, there are still noticeable differences across Europe in the implementation and quality of CRC screening programmes, with population coverage remaining low in many of the Member States. A number of countries still run inefficient and cost-ineffective ‘opportunistic’ programmes, whilst some Member States, particularly in Eastern Europe, have not initiated screening programmes.³

A political commitment is needed from the EU to provide further logistic and fiscal support to its Member States, as well as ensuring continued monitoring of its progress in the form of periodic reporting. In doing so, the EU can reduce CRC mortality rates across the continent, and ensure that screening programmes are reaching every sector of society, including hard-to-reach groups.



Bulgaria, Greece and Romania currently do not have population-based CRC screening programmes³



Prevention and treatment strategies, including the implementation of population-based screening, leads to substantial decreases in CRC incidence and mortality⁵



CRC has a 5-year survival rate of 90% when detected at stage 1 and 71% at stage 2⁸

■ Stage 1 – 5yr survival rate
■ Stage 2 – 5yr survival rate

Increasing public awareness

Unhealthy lifestyles, such as diets high in processed foods, smoking and heavy alcohol consumption are heavily linked to the development of CRC.

With recent evidence revealing a 6% rise in newly diagnosed cases of CRC in young adults every year⁴, Member States must renew their support of awareness campaigns and public health interventions across the EU that encourage positive lifestyle changes, such as:

- The introduction of a range of policies to limit consumption of fast foods
- Incentives for reducing the production of processed foods
- Educational programmes that highlight the risk of smoking, high alcohol consumption and processed foods



CRC: Know your risk



Symptoms:

- A change in bowel habits
- Blood in stools
- Rectal bleeding
- Anemia
- Abdominal pain
- Loss of appetite
- Unexplained weight loss



Risk factors:

- Obesity and a sedentary lifestyle
- Heavy alcohol consumption
- High consumption of processed meat
- Age (being 50 years or older)
- Gender (CRC is more common among men)
- Low calcium intake
- Smoking
- Family history of CRC



Reducing the risk:

- Regular CRC screening
- Limited alcohol intake
- Maintaining a healthy body weight
- No smoking
- Regular physical exercise
- Reduced intake of processed meats and saturated fats
- Increased fibre and calcium intake



UEG calls on the EU and all Member States to:

Encourage the implementation of **organised CRC screening programmes across the entirety of the EU** in accordance with EU screening guidelines



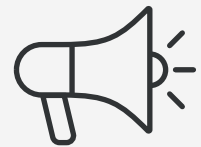
Undertake updates of **European CRC screening guidelines and screening progress reports every two years**, which reflect scientific evidence from current best practice



Incentivise Member States to **improve the organisation of their existing programmes** to further increase the coverage and quality of CRC screening across Europe



Support public awareness campaigns and public health interventions in the EU that encourage positive lifestyle changes to reduce the risk of CRC - such as regular physical exercise and maintaining a healthy diet - aimed particularly at teenagers and young adults



Ensure that **CRC-screening-related research and knowledge is a priority** in the EU Health Programme



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