Principles of sustainability within EUCanScreen

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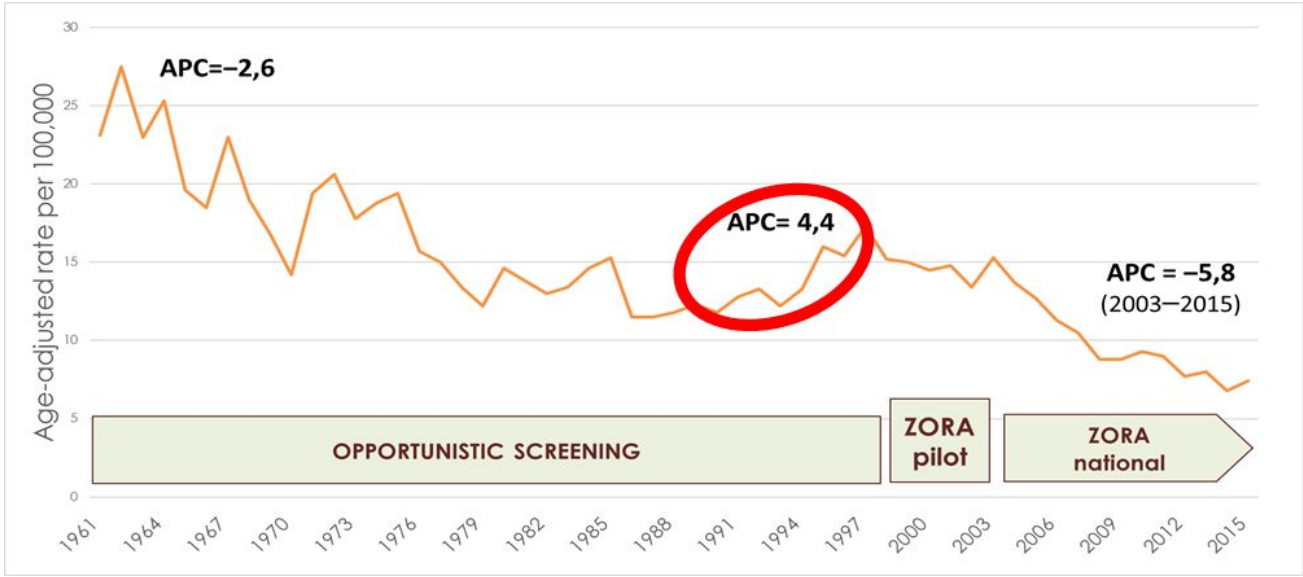
Joint Stakeholder Conference
28-29 October 2026
Rome

Co-funded by the European Union

Slovenia: the turning point was organisation

Cervical cancer incidence 1960-2015.

Most common cancer in women in early 1960‘ is now declining towards elimination threshold.



1990s
Cervical cancer increased despite widespread opportunistic screening.

2003
Slovenia introduced organised, population-based screening programme ZORA.

The screening test stayed the same.
The way we delivered screening changed.

Impact of organised cervical screening in Slovenia

2003: opportunistic to organised

Same screening test
Limited age range
Longer screening interval

We achieved higher

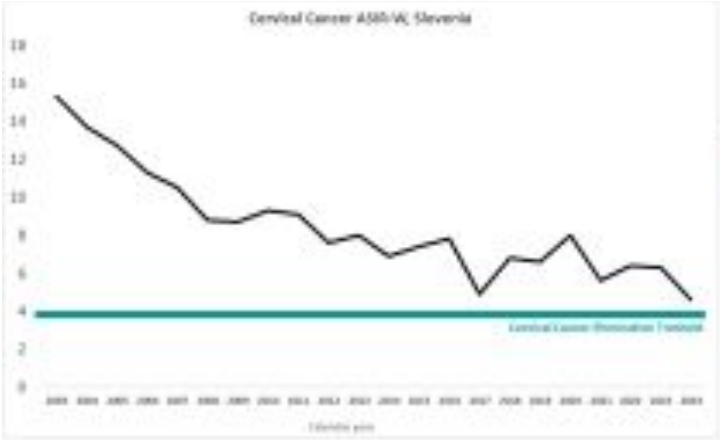
Coverage: more women screened

Quality: improved care across the whole pathway, from screening to follow-up.

Equity: leave no woman behind.

Less cancer

Decrease in incidence and mortality



ASIR(W) 2024

4.6

per 100,000

Less harm

≈33% to 5%

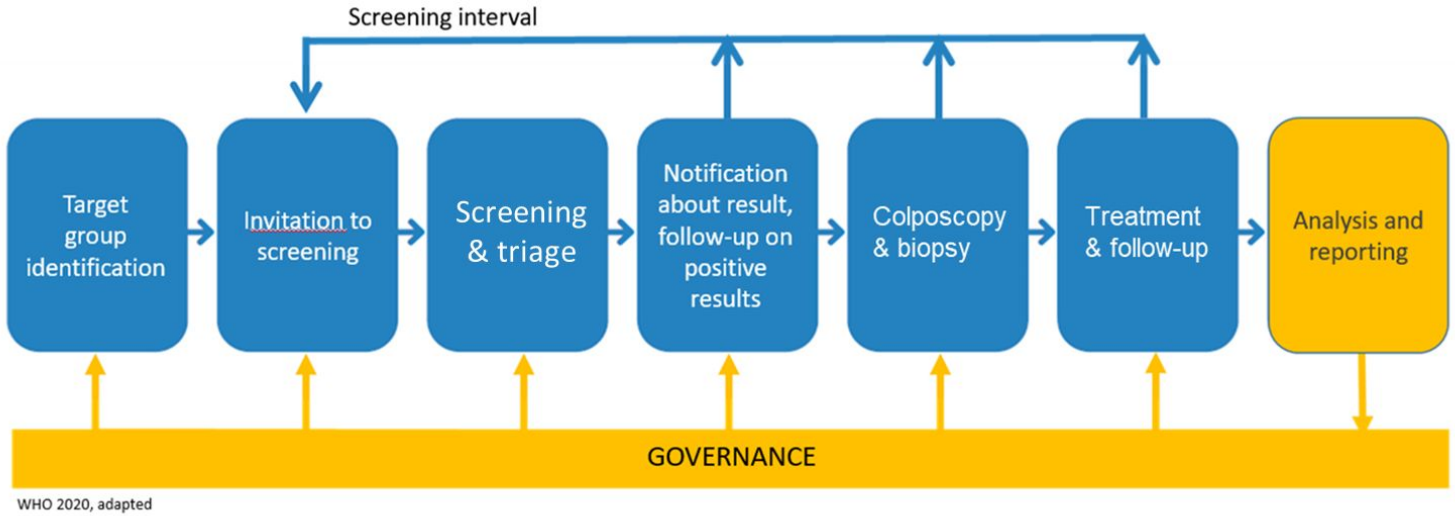
Women needing further tests after a positive or unsatisfactory screening result.

Less is more

Less intensive screening can detect and treat more precancer and prevent more cancer when the programme works as a whole.

Organised screening needs two connected levels

Clinical pathway: continuity of high quality care for every participant



Programme organisation: the system that makes the pathway work

Evidence based and feasible screening policy · Clinical and programme guidelines · Continous education of screening providers · Wise integration in health system · Legal support · Governance · Central coordination · Screening registry · QA framework · Stable funding for health services and coordination

Screening saves lives — but its benefits remain unequal

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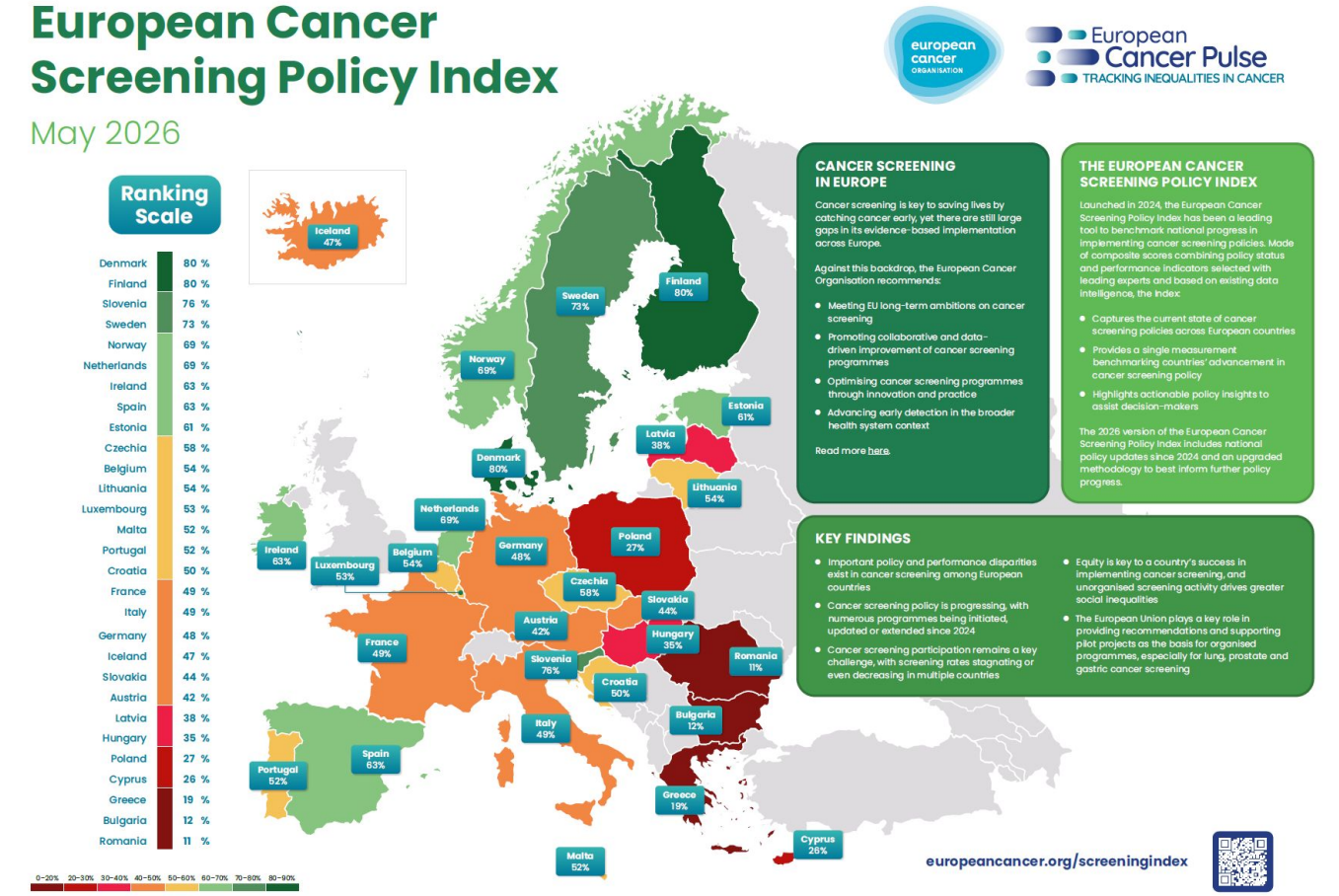
THE EVIDENCE–TO–IMPLEMENTATION GAP

We know which screening programmes work and how they should be organised.

Yet access, quality and performance **still vary substantially across Europe.**

THE RESULT

Avoidable cancer cases and deaths — and persistent inequalities.



Source: European Cancer Organisation, 2026

The challenge is no longer just knowing what to do, but ensuring that implementation is sustainable, equitable and impactful.

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Europe still has a substantial implementation gap

Cancer	Population-based programmes[1]	Reported coverage[2]
Breast	**26 / 29 countries**	15% Greece 83% Denmark / Sweden
Cervical	**21 / 29 countries**	6% Romania 78% Sweden
Colorectal	**22 / 29 countries**	9% Hungary 74% Finland

90%

of eligible people offered screening by 2025

Europe's Beating Cancer Plan

Programme presence, screening offers and actual participation measure different gaps.

[1] 2022 baseline, EU27 + Iceland and Norway. [2] 2023 or nearest year; selected country comparisons.
Age ranges, screening intervals and data sources differ. Participation alone cannot quantify the gap to 90% offered.

The implementation gap shaped our research questions (WP4)

What determines sustainable and impactful screening?

Across implementation, routine delivery and continued development.

How can sustainability be measured?

Which conditions and capacities need to be assessed?

How can sustainability be improved?

What needs to change in the programme and its health-system context?

How should screening priorities be set?

Where should countries invest limited resources and capacity?

How do we turn evidence into equitable screening benefits that last?

Reserach questions shaped our tasks and deliverables

4.1 Sustainability

What sustains benefits over time?

Sustaninability framework, assessment tool and guidance

4.2 Governance

Who is responsible and how are decisions made?

Governance models adapted to national contexts and guidance, Targeted support mechanism

4.3 Barriers

What prevents implementation and participation?

Barrier assessment and management tool and guidance, linked with WP6

4.4 Prioritisation

Where should limited resources be invested?

Prioritisation framework and decision support tool, linked with WP10

Support countries and people to use the results

4.5 Networking and peer support **4.6 Sustainability workshops**

Linked with Task 11.1 leadership development

WP4 Progress at a Glance

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4.1	4.2	4.3	4.4	4.5	4.6
Italy, IARC	Finland, IARC	Italy, IARC	Netherlands, Italy, Finland, Denmark	Slovenia, Latvia, ECL, IARC	Slovenia, ECL, IARC

Sustainability	Governance	Barriers	Prioritization	Networking	Leveraging results
Review of literature (scoping, systematic) and practices ✓	✓	✓	✓		Online sustainability workshops
WP4 consolidated survey (situation analysis in countries) ✓	✓	✓	✓	✓	
Co-creation of **theoretical frameworks.** ✓	✓	✓	✓	Governmental Advisory Board (GAB) ✓	In-person sustainability and leadership workshops
Co-creation of **tools** for assessment of sustainability, barriers; context specific governance models; prioritization in cancer screening, including AI technologies (the MAS-AI tool) ✓	✓	✓	✓	Cancer screening peer-support network	
Co-creation of **guidelines.**		✓			Web-learning platform ✓

Targeted support to selected countries. ✓ **Visits to Estonia and Slovakia realised.**

WP4 Kick-off Photo, Bled, 9-11. March 2026

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