EU CanScreen
European Joint Action on Cancer Screening

Integration between primary, secondary and tertiary prevention (risk-based approach)

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Cancer prevention remains fragmented

Primary prevention
Lifestyle, HPV vaccination, health literacy

→

Secondary prevention
Organised screening:
breast · cervical · colorectal

←

Tertiary prevention
Follow-up, survivorship, rehabilitation

Screening is an entry point for linking all three levels, but this is not used systematically

Fragmented

Prevention levels are poorly connected in clinical practice, across institutions and in health data.

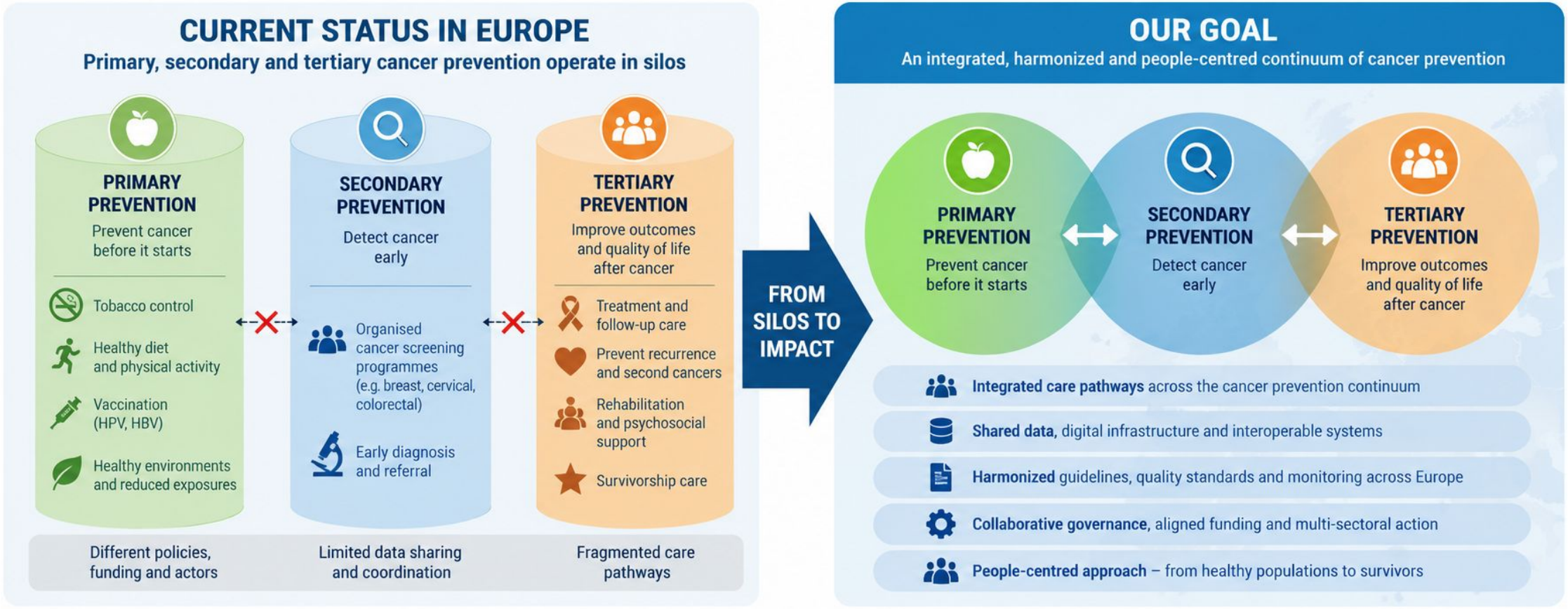
Underused touchpoints

Screening invitations, visits and results are teachable moments, rarely used beyond early detection.

More survivors

A growing population at higher risk of second primary cancers, with little structured health promotion.

Roadmap - from silos to integrated prevention



ROADMAP: FROM SILOS TO IMPACTFUL CANCER PREVENTION

Strengthen the links between primary care (primary prevention) and cancer screening (secondary prevention) as well as integrate screening (secondary prevention) into survivorship care (tertiary prevention).

1. Assess and map current landscape and gaps
2. Build links and pilot integrated pathways
3. Harmonize guidelines, data and quality standards
4. Scale up across Europe
5. **Deliver impact** Healthier populations, earlier detection, better survival and quality of life for all

Working hypothesis

1. Screening offers a unique opportunity to integrate primary prevention into routine care.

2. This opportunity should be leveraged through evidence-based, proportionate interventions that do not compromise screening delivery.

3. Eligible cancer survivor should benefit from a documented, risk-adapted screening plan for second primary cancers.

Scoping review

1. **Primary → secondary**
2. **Tertiary ↔ secondary**
3. **Implementation**

Scope
Breast · Cervical · Colorectal

Programmes, pilots and studies anchored in organised screening

2019 – March 2025

Peer-reviewed
MEDLINE (Ovid) + Scopus
Jan 2019 – Mar 2025
English, French, Italian

Practice
EUCanScreen survey of national/regional screening and public health authorities

Guidelines
Guidelines International Network (GIN) library and registry

A young, breast-heavy evidence base

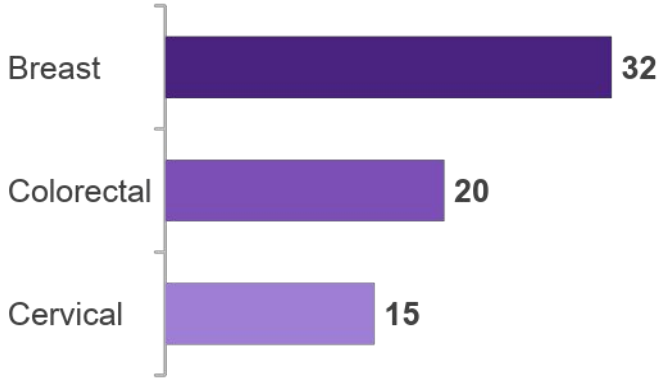
11,296
records screened

46
included studies

36
primary → secondary

8 + 2
secondary ↔ tertiary
(+2 with both links)

Screening programme (n studies)



Region (n studies)



Study design

Observational	10
RCT	8
Non-randomised intervention	8
Programme description / QI	7
Review / consensus	5
Qualitative or mixed	6
Development study	2

Categories not mutually exclusive. Other regions: Africa 2, Asia 1, Oceania 1, multi-country 2.

How and when does linkage happen?

14	11	9	7	5
Teachable moment	Risk-based prevention	Care pathway	Navigation & community	Vaccination

These mechanisms are not mutually exclusive (4 studies deliver a second mechanism).

Before screening
Invitation & outreach

At the screening visit
Encounter

After screening
Result & follow-up

Activities often delivered at the visit itself, by staff already in the screening workflow

Key messages

1 Primary prevention is increasingly embedded in screening

Teachable moments, risk-based prevention and HPV co-delivery are common — but mostly as pilots

2 Survivors: structured linkage remains limited

Few programmes bring survivors back into prevention and screening pathways

3 Equity is acknowledged but rarely operationalised

A gap between policy ambition and implementation

4 Evidence to scale up is missing

Implementation readiness is low

Little on sustainability, costs and fidelity; mostly breast, US and UK

Next steps towards the roadmap

State of play
Activity 9.6.1

Mapping the future
Activity 9.6.2

Technical requirements
Activity 9.6.3

Scoping review & authority survey — **Done**

SWOT focus groups by cancer type — **Ongoing**

Analysis

Roadmap & technical requirements — **Next**

Output: concrete short-, medium- and long-term actions to strengthen the prevention continuum through screening

In your current context (regional, national, European), what are the main barriers to integrated cancer prevention? (select up to 3)

Mentimeter

A. Fragmented governance and insufficient political commitment
B. Inadequate digital, data infrastructure
C. Insufficient cross-sector and multi-stakeholder collaboration
D. Limited workforce capacity and prevention expertise
E. Ethical, societal, and cultural barriers to implementation
F. Risk of widening health and social inequalities
G. Limited public engagement and participation in prevention
H. Competing priorities and insufficient investment in prevention

Or use QR code

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In your current context (regional, national, European), which element from this list will best facilitate the integrated cancer

Mentimeter

A. Sustained investment in prevention infrastructure and outreach
B. Strong political leadership and strategic commitment to prevention
C. Workforce capacity building and incentives
D. Effective communication and public engagement
E. Robust governance and cross-sector collaboration
F. Social and cultural acceptability
G. Leveraging prevention opportunities across care pathways
H. Proportionate support to reduce inequalities

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Thank you

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