GENERALITAT VALENCIANA

Fundació per al Foment de la Investigació Sanitària i Biomèdica de la Comunitat Valenciana

Social inequalities in cancer screening: a European perspective

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European Partnership Action Against Cancer

CanCon
Cancer Control Joint Action

iPAAC
INNOVATIVE PARTNERSHIP FOR ACTION AGAINST CANCER

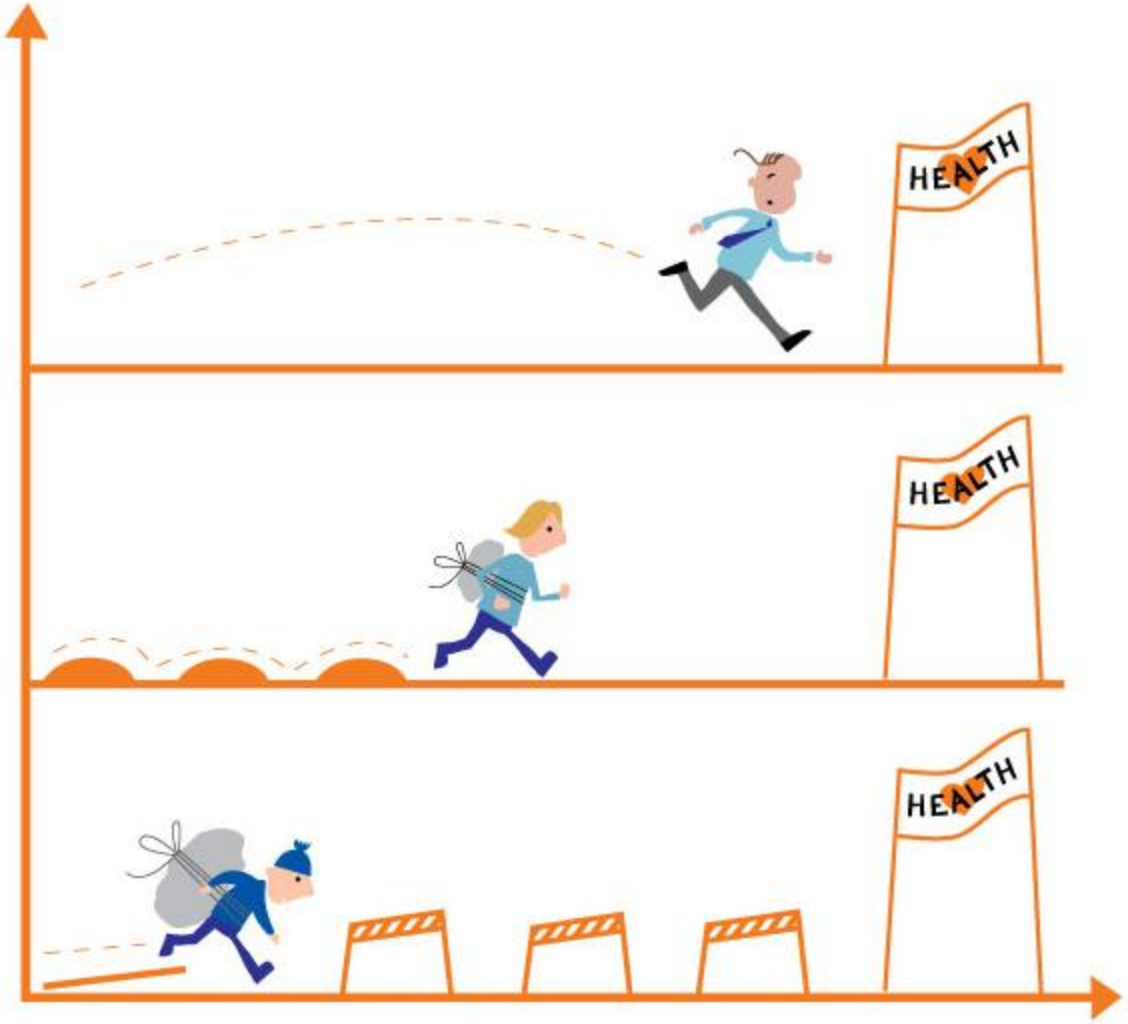
SOCIAL INEQUALITIES IN HEALTH

Systematic

Socially produced

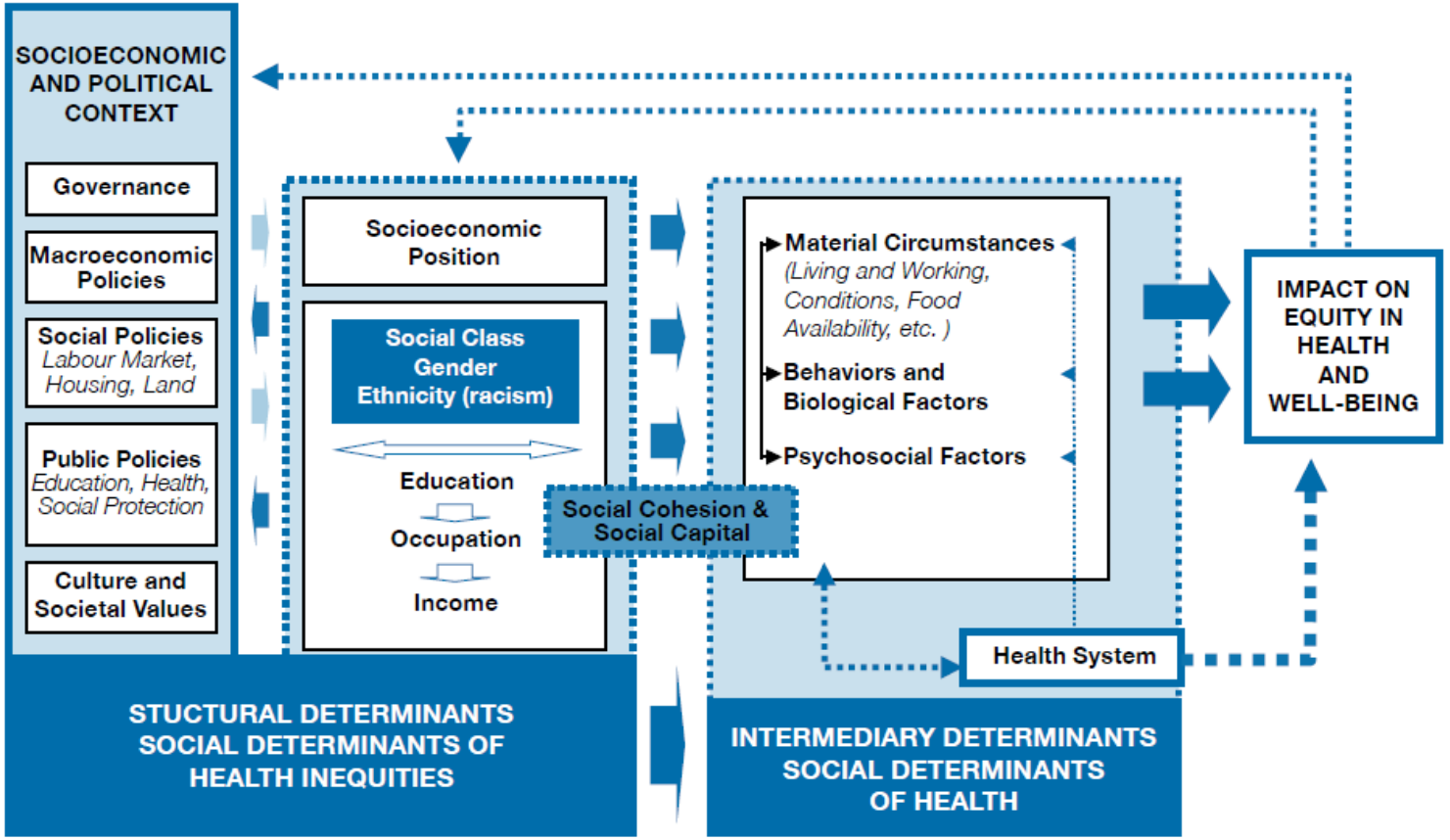
Unnecessary

Avoidable



From: Norwegian Ministry of health and care servicies. National strategy to reduce social inequalities in health. Report No. 20 (2006–2007).

SOCIAL DETERMINANTS OF HEALTH MODEL (WHO, 2010)

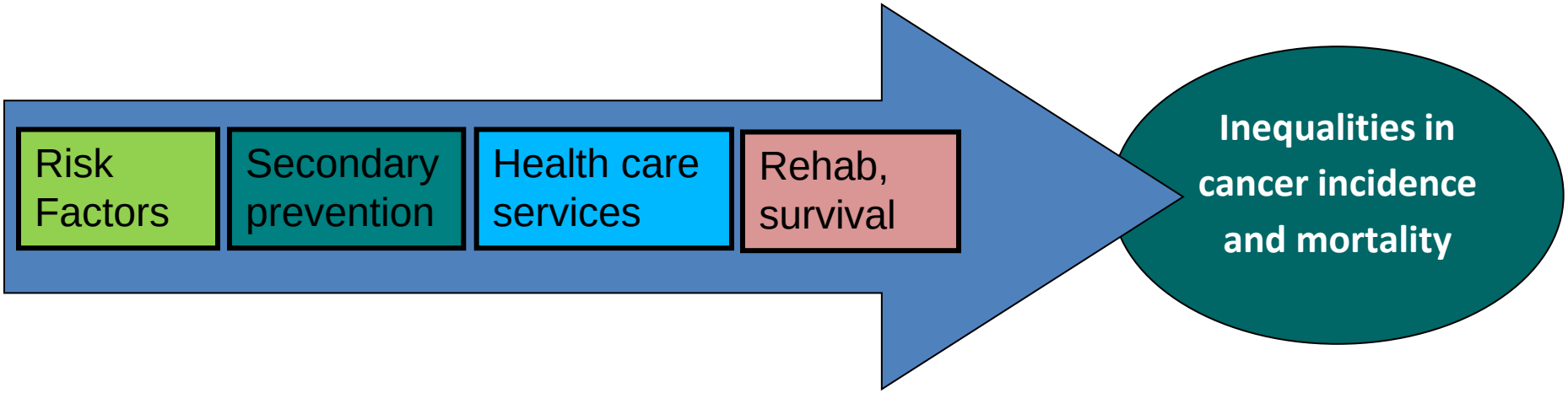


Source: World Health Organization (2010). A conceptual framework for action on the social determinants of health. Social Determinants of Health discussion paper 2. Geneva: World Health Organization

Inequal distribution of money, power and resources.

Global, national and local level.

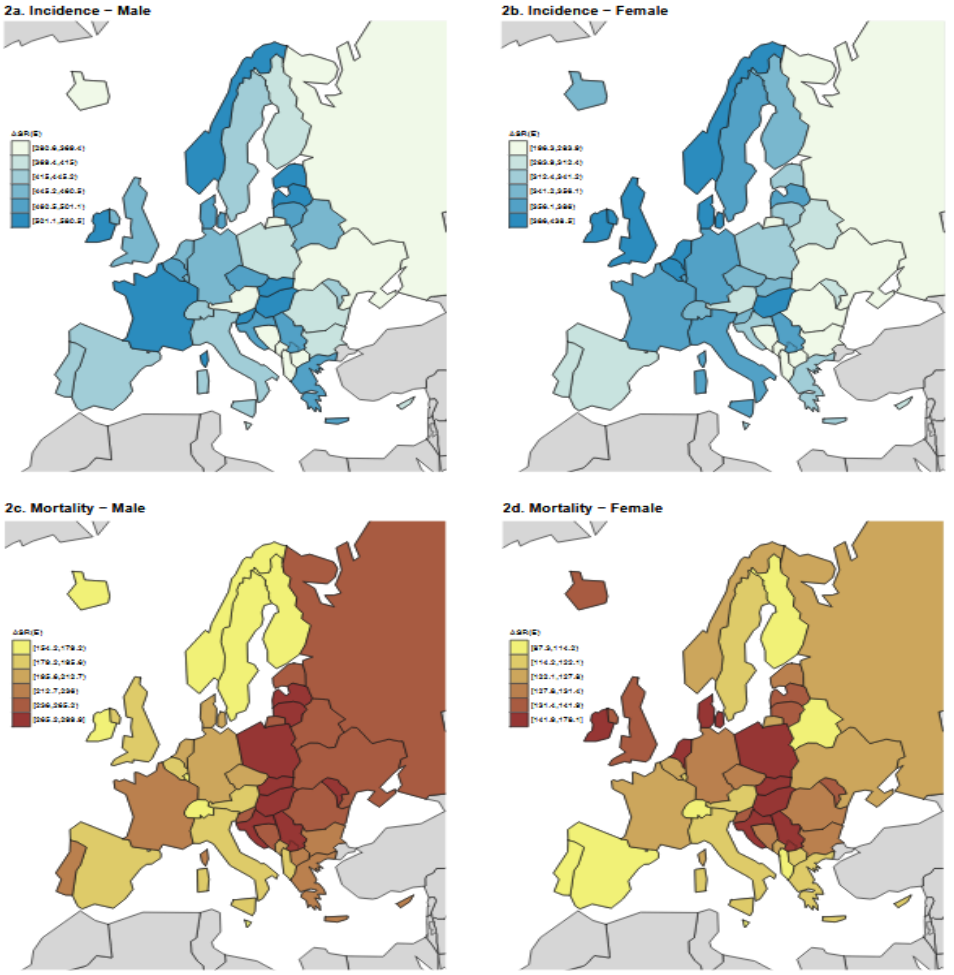
Social inequalities in cancer refer to health inequalities spanning the full cancer continuum across the life course (Nancy Krieger, 2005).



Inequalities BETWEEN countries

Cancer **incidence** higher is in Northern and Western European countries

Cancer **mortality** higher is in Eastern and Southern ones



Cancer incidence and mortality patterns in Europe: Estimates for 40 countries and 25 major cancers in 2018.
Ferlay J, et al. Eur J Cancer. 2018;103:356-387

Inequalities WITHIN countries

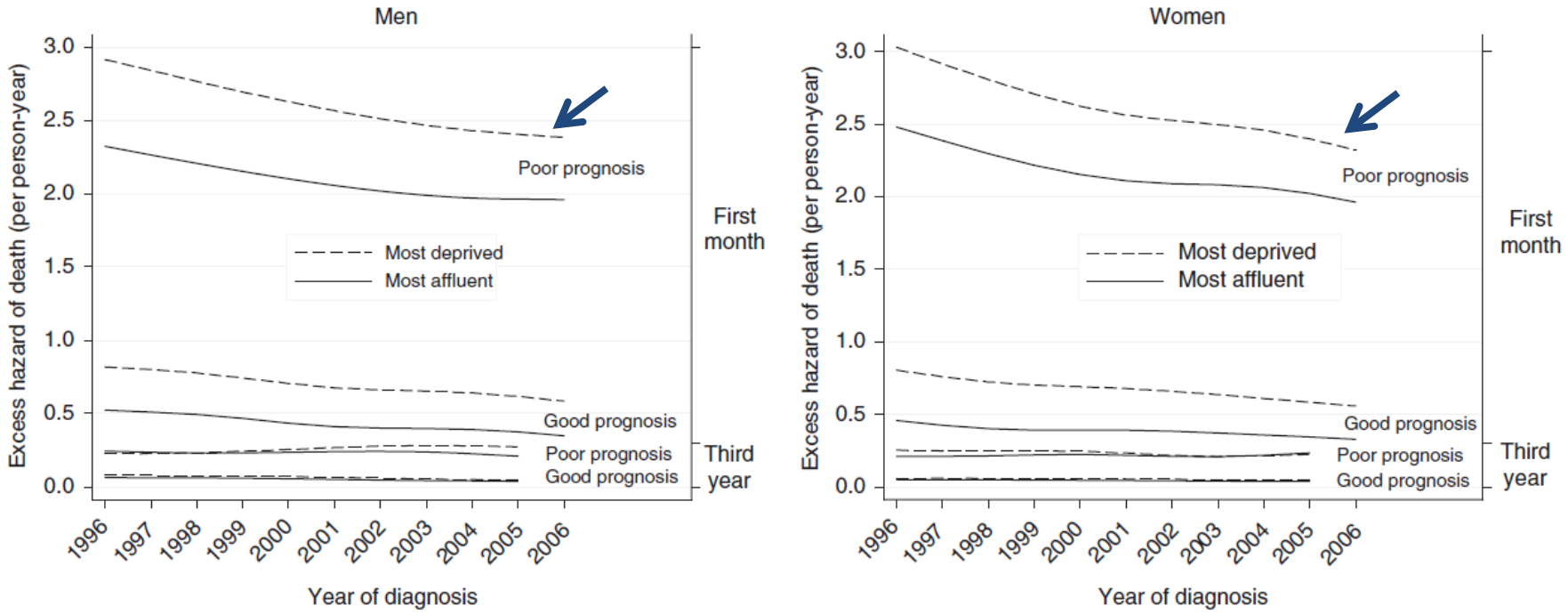
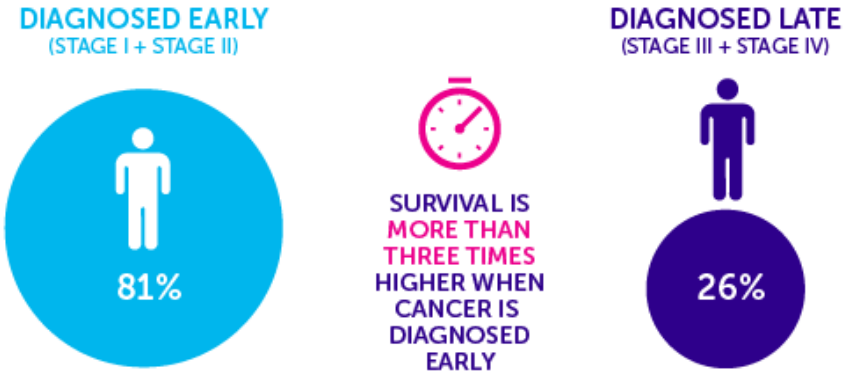


Figure 3 Excess hazard of death for the most deprived and most affluent groups, by cancer prognosis, England 1996–2006.

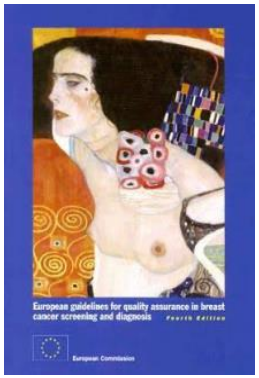
Socioeconomic inequalities in cancer survival in England after the NHS cancer plan.
Rachet B, et al. Br J Cancer. 2010 Aug 10;103(4):446-53

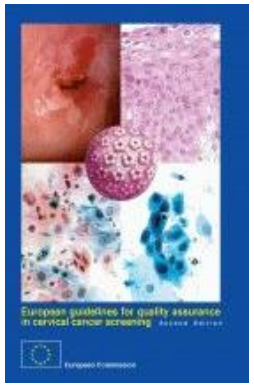
SURVIVAL AND STAGE OF DIAGNOSIS

TEN-YEAR SURVIVAL FOR EIGHT TYPES OF CANCER COMBINED



CANCER SCREENING PROGRAMMES





Inequalities WITHIN countries

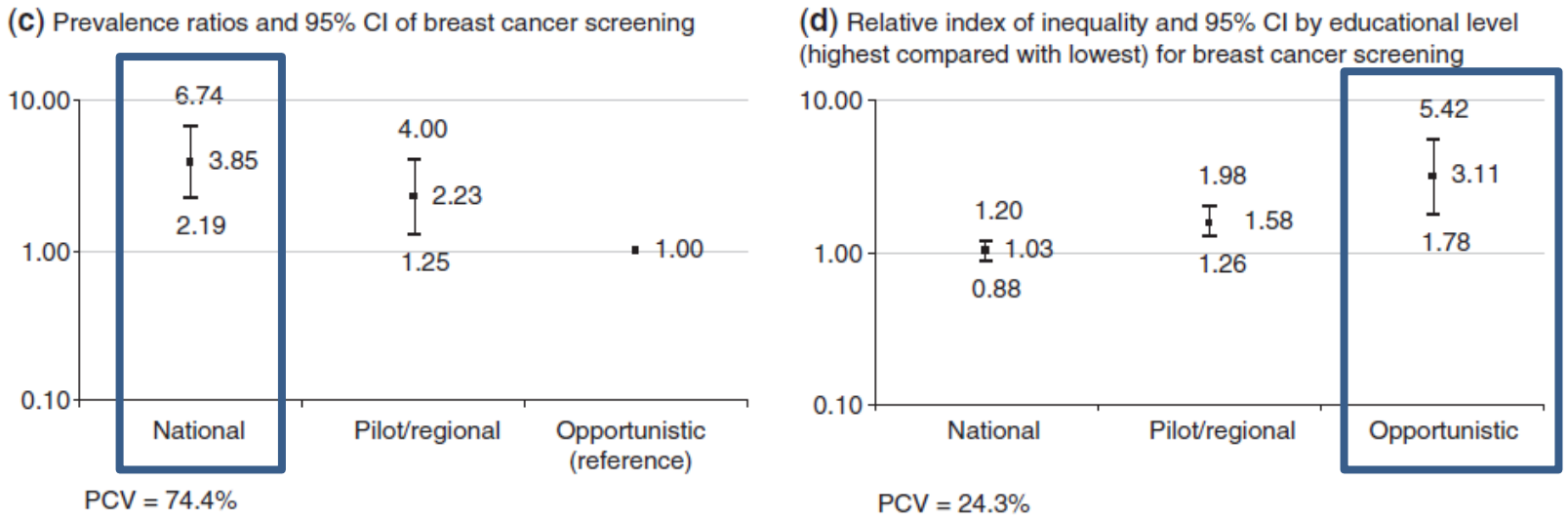
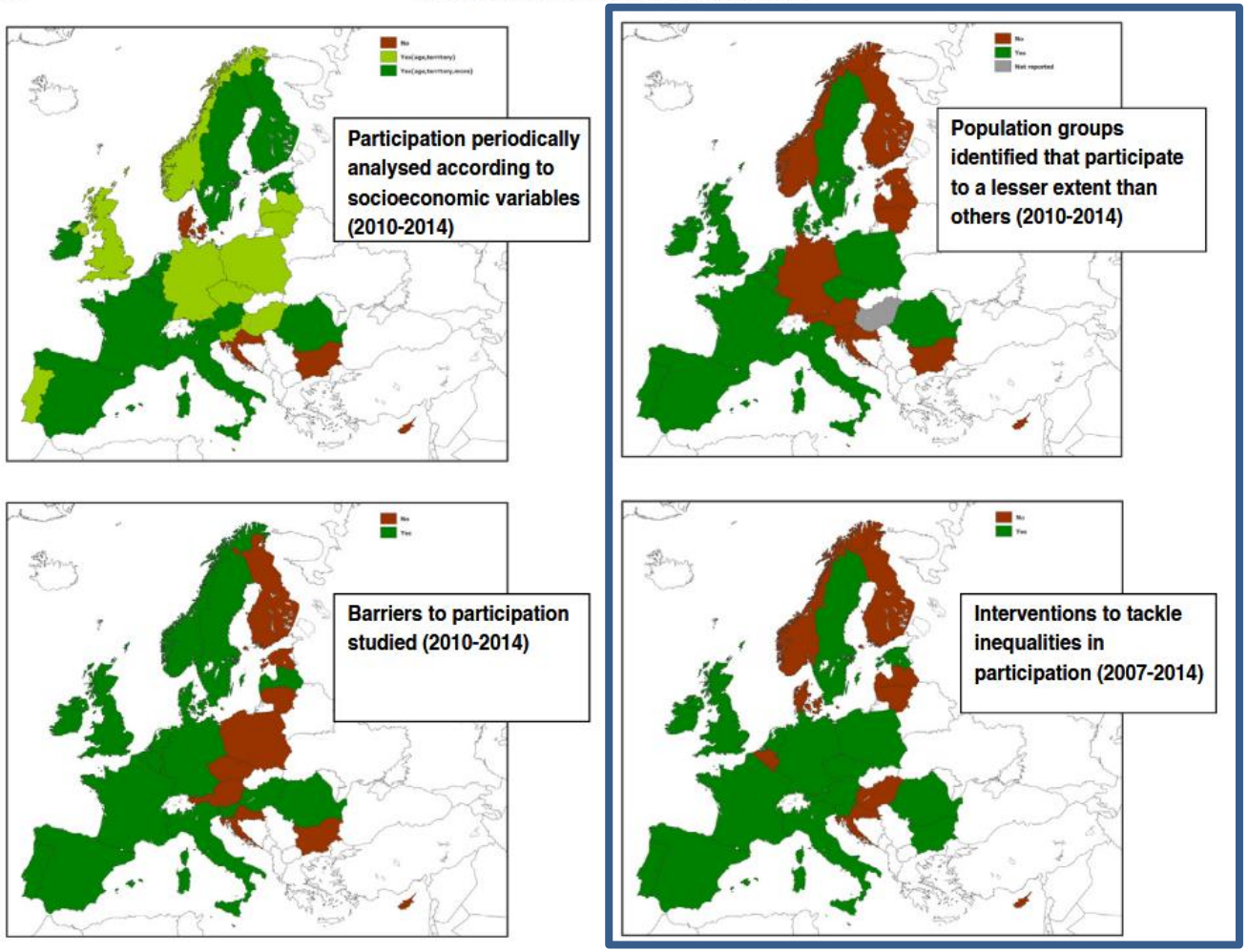


Figure 1 Multilevel association between screening prevalence and type of screening program (prevalence ratio) and between educational level and cancer screening (RII) by type of screening program taking individual variables into account. PCV after taking into account the type of screening program.

Socio-economic inequalities in breast and cervical cancer screening practices in Europe: influence of the type of screening program.
Palencia et al. Int J Epidemiol. 2010 Jun;39(3):757-65.

Inequalities BETWEEN countries



Presence, characteristics and equity of access to breast cancer screening programmes in 27 European countries in 2010 and 2014. Results from an international survey. Deandrea S, Molina-Barceló A, et al. Prev Med. 2016 Oct;91:250-263

WHAT CAN WE DO TO REDUCE INEQUALITIES?

Population

Whole population

+

Targeted

Socially vulnerable people

=

Proportional Universalism

Proportionate efforts to the level of disadvantage

Fair Society, Healthy Lives: The Marmot Review.
Marmot M. London: Strategic Review of Health Inequalities in England post-2010; 2010.

Policy Paper on Tackling Social Inequalities in Cancer Prevention and Control for the European Population

R. Peiró Pérez, A. Molina Barceló, F. De Lorenzo, T. Spadea, S. Missinne, F. Florindi, N. Zengarini, K. Apostolidis, M. P Coleman, C. Allemani, M. Lawler

CanCon
Cancer Control Joint Action

1) Capacity-building for cancer prevention and control	**2) Primary and secondary** cancer prevention policies	**3) Cancer treatment, survivorship and rehabilitation** policies

Recommendation 8: Improve equitable access and compliance with cancer screening programmes.

S.R. 8.1: Provide screening processes that address the whole population with additional emphasis among socially vulnerable groups.

S.R. 8.2: Ensure the development and implementation of guidelines for quality assurance in cancer screening, which must include equity as a quality criterion.

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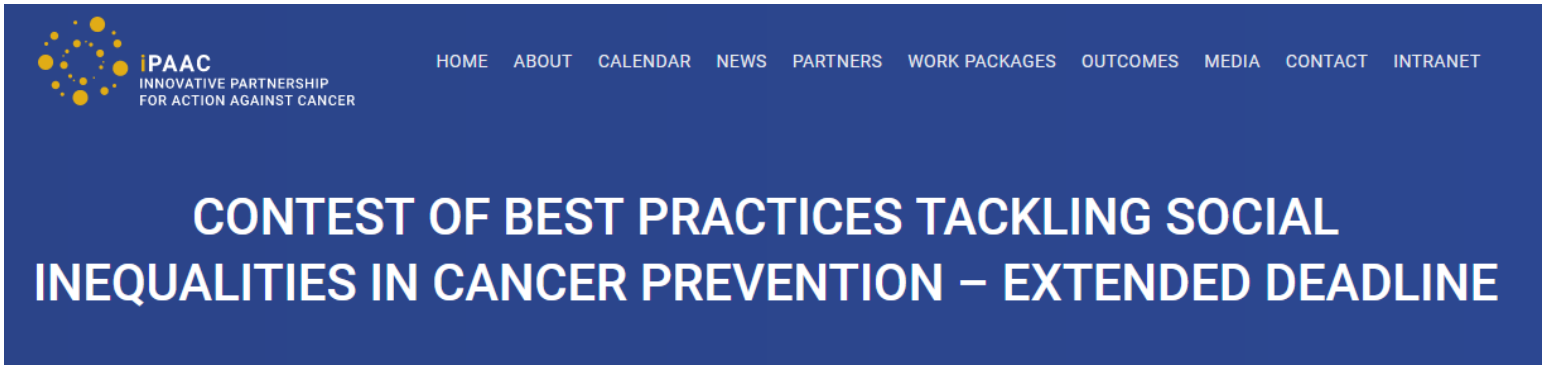

- ✓ **Identify and compile** European experiences.
- ✓ **Disseminate** these experiences in order to promote **replication** of best practices.

A Best Practice is defined as an *"**evidence-based** intervention or experience aimed at **reducing social inequalities** in **cancer prevention**, that has proven to be **effective**, can be **transferable** and represents an **innovative** element for the health system".*

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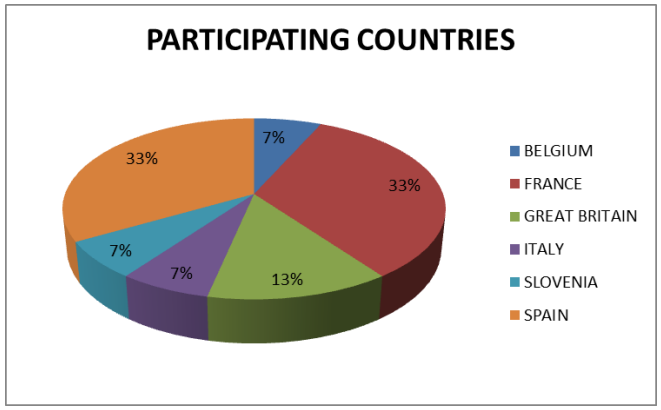
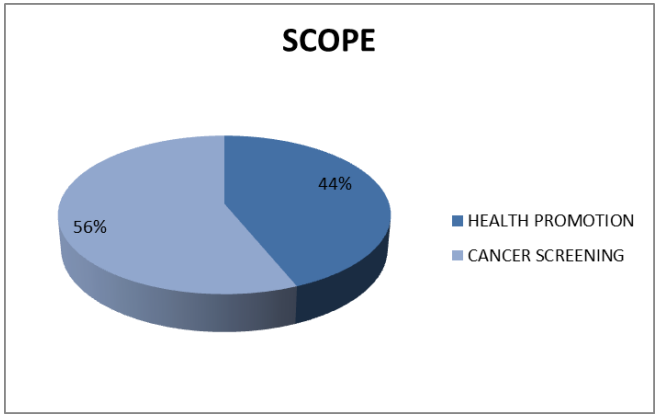
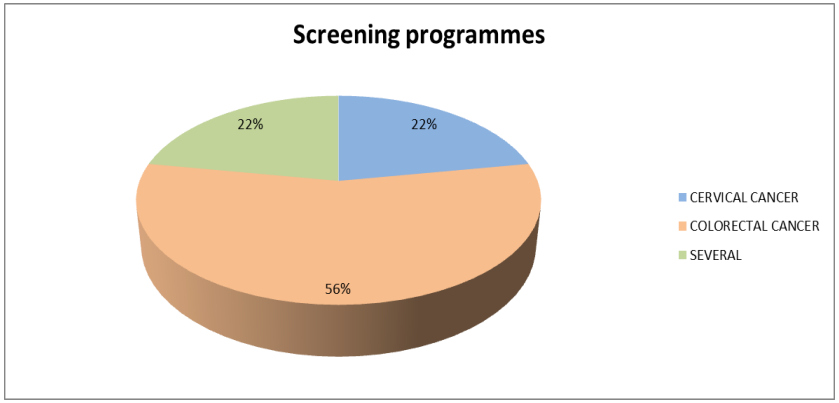
CONTEST OF BEST PRACTICES TACKLING SOCIAL INEQUALITIES IN CANCER PREVENTION – EXTENDED DEADLINE







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EXAMPLES OF BEST PRACTICES

Organisation	Country	Objective	Intervention
Flemish Centre for Cancer Detection	Belgium	Improve cancer screening information for people with functional diversities.	Improvement of digital accessibility, constructing a Perceivable, Operable, Understandable and Robust Website.
NHS England	United Kingdom	Reduce age inequalities in cervical screening uptake.	Reinforcing invitation strategy by sending text reminders (in addition to invitation letter).
English NHS Bowel Cancer Screening Programme	United Kingdom	Decrease SES gradient in bowel cancer screening uptake.	Sending Enhanced Reminder letters aimed specifically at individuals who had not responded to the initial invitation.
National Institute of Public Health	Slovenia	Increase participation in bowel cancer screening of people with lower level of education, men, and communities with the lowest response.	Extensive information and awareness campaigns (TV, radio, local exhibitions and fairs, SVIT embassadors, information points at primary care centers).
Public Health Local Centre	Spain	Promote a favorable attitude of deprived population towards cancer (primary and secondary) prevention.	Empowerment and Peer-education on cancer prevention by community health agents.

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Further details will be published at iPAAC website soon.

www.ipaac.eu

CONCLUSIONS

- **Social inequalities in cancer screening** exist both **between** countries and **within** countries by social groups.

- It is recommended to include an **equity perspective** in the design and evaluation of cancer screening programmes, and to **implement actions tackling social inequalities**, based on a **proportional universalism approach**.

Thank you very much for your attention

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