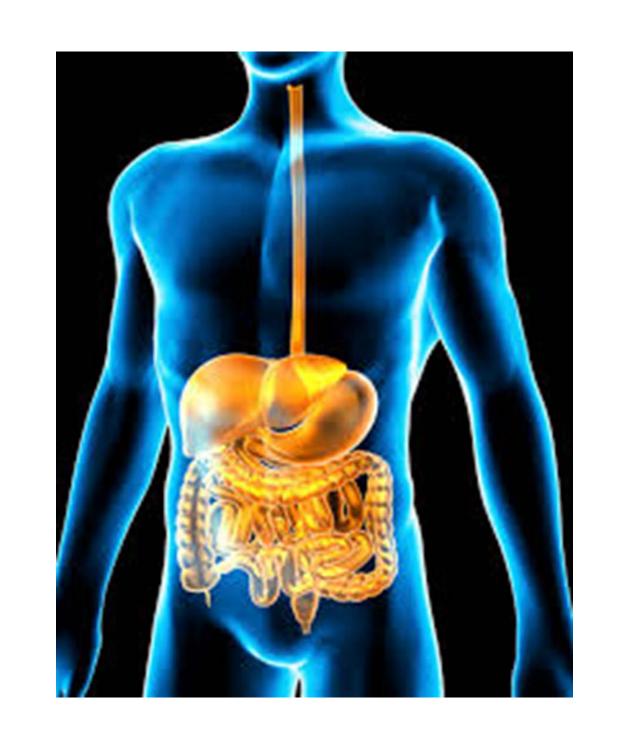
POLICY DEPARTMENT FOR ECONOMIC, SCIENTIFIC AND QUALITY OF LIFE POLICIES



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Prevention in Practice: Digestive Cancers

Stefan Gijssels, Executive Director of Digestive Cancers Europe



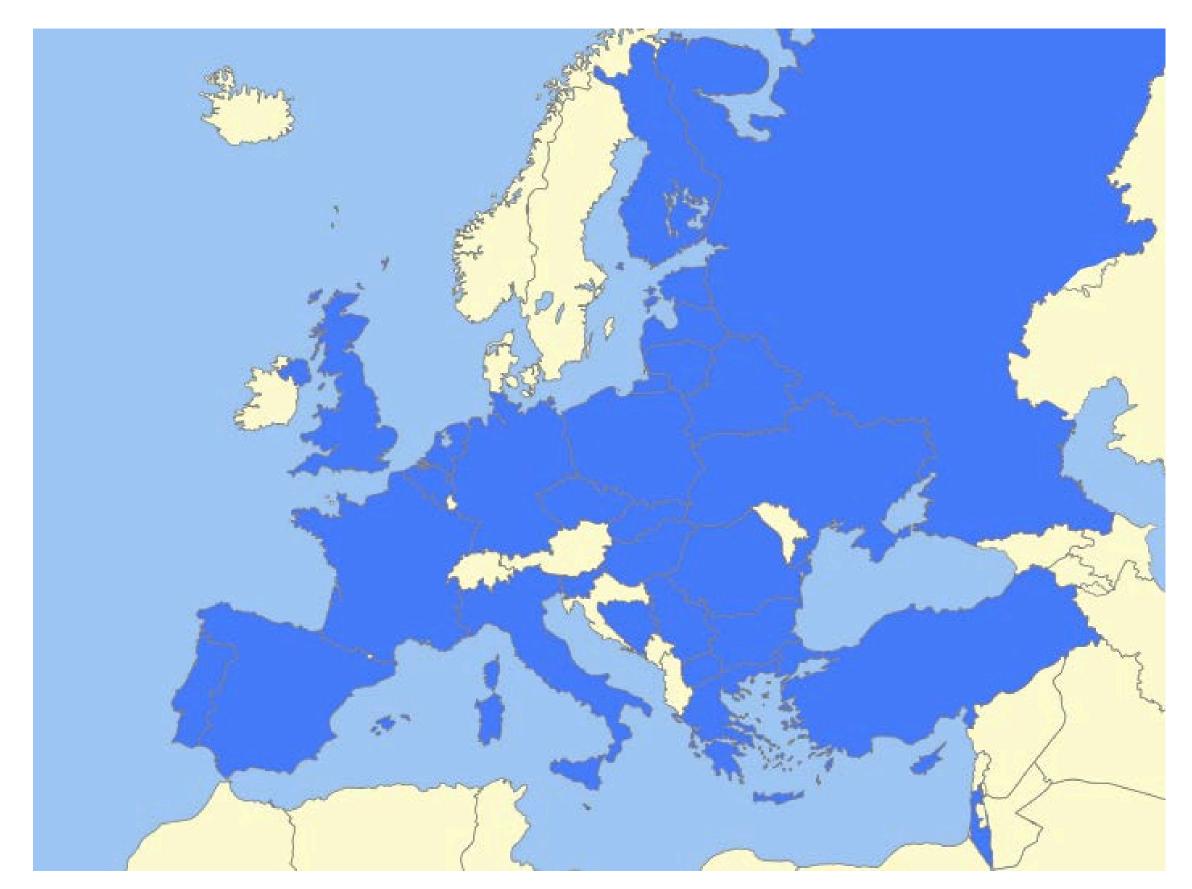
Who Are We?



At European level Digestive Cancers Europe (DiCE) represents the digestive cancer patient community diagnosed with cancer of the oesophagus, stomach, pancreas, colon, rectum and other more rare digestive cancers

We represent the 800,000 people who get a diagnosis of digestive cancer every year in Europe, as well as the 1.5 million digestive cancer survivors.

We represent the families of the 500,000 patients who die every year from digestive cancers.



Our 2028 Aspiration



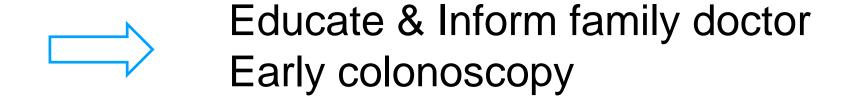
To save 250,000 lives per year!!

Causes and risk factors of colorectal cancer



Colon cancer begins when healthy cells in the colon develop changes (mutations) in their DNA

- 10 15% = family history
- 3 5% = identified genetic cause and risks
 (Lynch Syndrome (3%), Familial Adenomatous Polyposis (FAP) (1%), and hereditary non-polyposis colorectal cancer (HNPCC), and others
- Inflammatory bowel disease (IBD)
- 75-85% = Unknown causes
 - 50%(?) lifestyle **risk** factors
 - and circumstances (age, gender, body height, ethnicity, ...)



Genetic Tests

Educate
Change Lifestyle habits
Get Screened

Colon Cancer Incidence in Europe

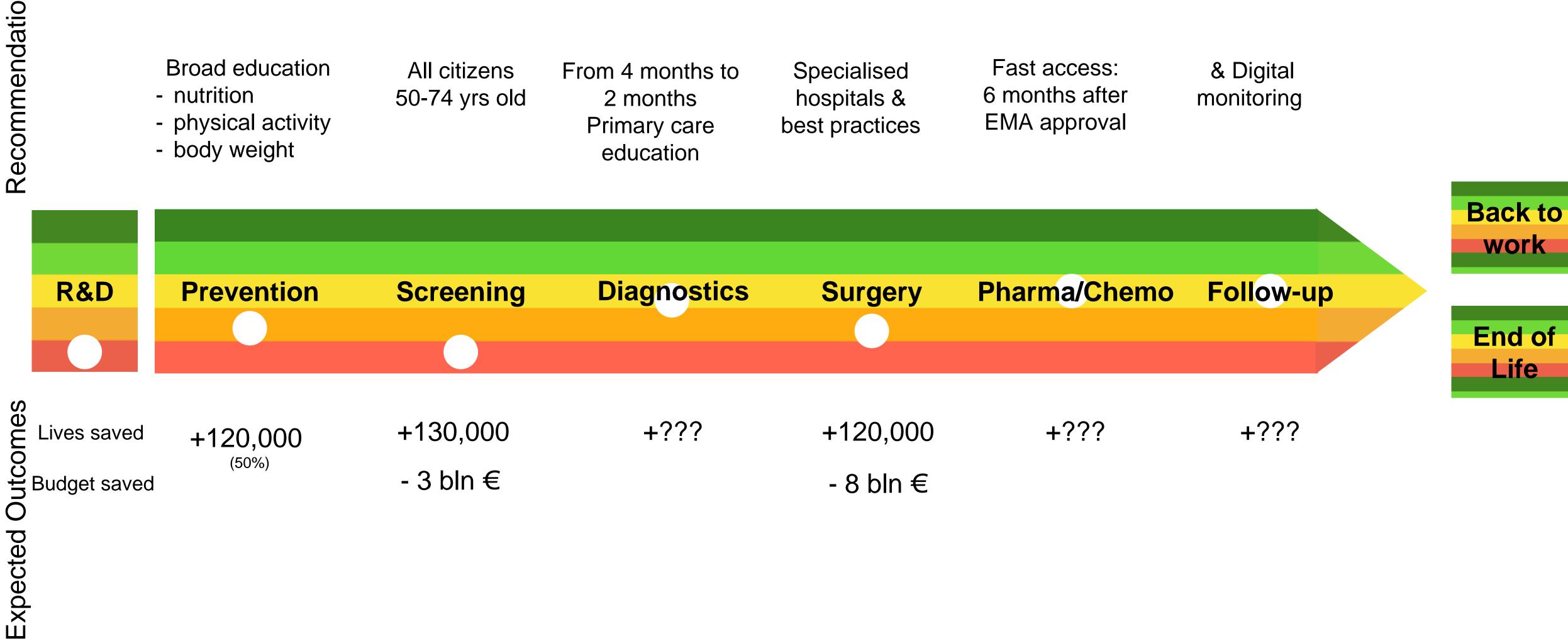




Source: European Cancer Information System, 2020)

Roadmap Colorectal Cancer





The usual recommendations



- Eat a variety of fruits, vegetables and whole grains
- Exercise most days of the week (30 minutes/day)
- Maintain a healthy weight
- Drink alcohol in moderation, if at all
- Stop smoking
- Eat red & processed meat in moderation

- Everybody knows
- 3% act

Our own healthy lifestyle effort





Try to maintain a healthy weight

Obesity is directly linked to an increased risk of colorectal cancer

Take regular physical activity and limit your intake of high calorie foods and drinks. Try to avoid excess weight gain at all ages and keep your weight within what is recommended for your height. Talk to your family physician about the ideal weight



Consider giving up smoking and try to reduce your alcohol intake

Smokers are more likely to be affected by colorectal cancer than non-smokers and a high consumption of alcohol is thought to increase the risk of the disease

Smokers are more likely to develop polyps (a premalignant stage of colorectal cancer) which could turn into cancer if not identified early.

Alcohol can decrease the levels of folate in the body. Folate is a vitamin that helps to prevent cells from becoming cancerous.

Try to give up smoking and limit your intake of alcohol. Talk to your family physician about what a recommended weekly allowance would be for you.

Take control and reduce your risk of colorectal cancer

Simple steps for your daily and weekly routine to help you maintain a healthy diet and lifestyle



Exercise regularly each week

Being physically active helps you maintain a healthy weight and speeds the passage of food through your digestive system

Continual sedentary behaviour (sitting, lying down, watching TV and other forms of screen-based entertainment) should be avoided.

It does not have to be about working out in a gym. You can simply take the stairs, walk to the shops, do the housework, walk the dog or get off the bus a few stops earlier.

Amount of physical activity recommended in Europe



words without pausing for breath

Consider reducing the amount of red meat and processed meat that you eat each week

A diet low in red meat and processed meat will reduce your risk of colorectal cancer

Cooked and processed meat contains chemicals that are thought to be harmful to the lining of the colon.

Red meats (all fresh, minced and frozen beef, pork and lamb): You don't need to stop eating red meat, just try not to have more than 500g (cooked weight) per week. An 80g portion is about the size of a pack of cards or one pork chop.

Processed meats (ham, bacon, salami and sausages): Consider avoiding these as much as possible as they are associated with

Why education alone is not enough



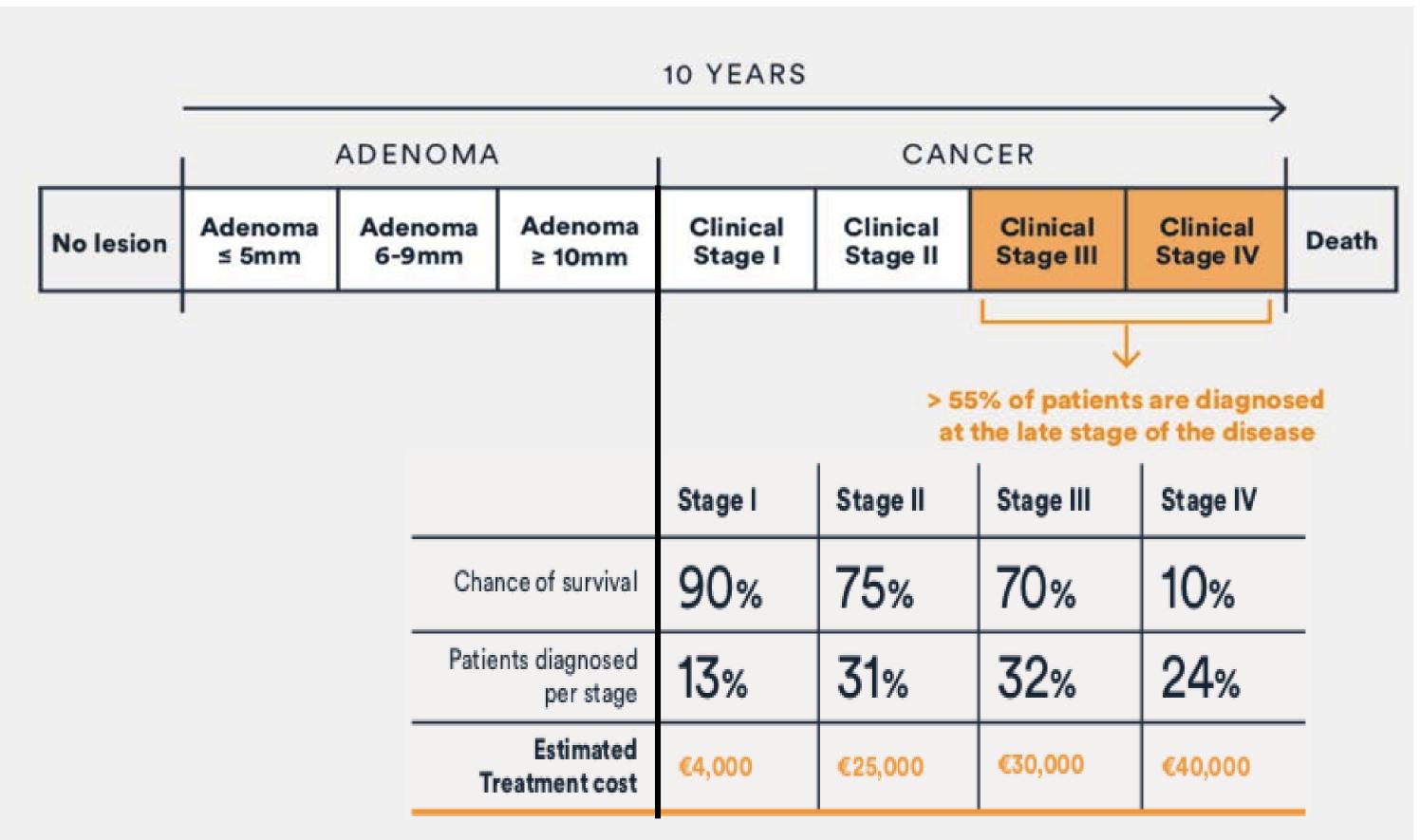
Knowledge ≠ behaviour

- knowledge is cognitive (rational)
- behaviour is driven by social, psychological and biological needs (non-rational)
 - immediate pleasure vs distant risk
 - risky behaviour creates social acceptance in some circumstances
 - •

What changes behaviour?

- Positives work better than negatives (eg risk emphasis, shaming, ...)
- Within the positives, internal motivation works better than external motivation
 - Hedonia (external) weight loss, looking good, and acceptance by others
 - Eudaimonia (internal) greater self-acceptance, higher-quality relationships, being in charge of your life, owning your own opinions even when others oppose them, personal growth, and having a strong intrinsic sense of purpose.

The case for screening

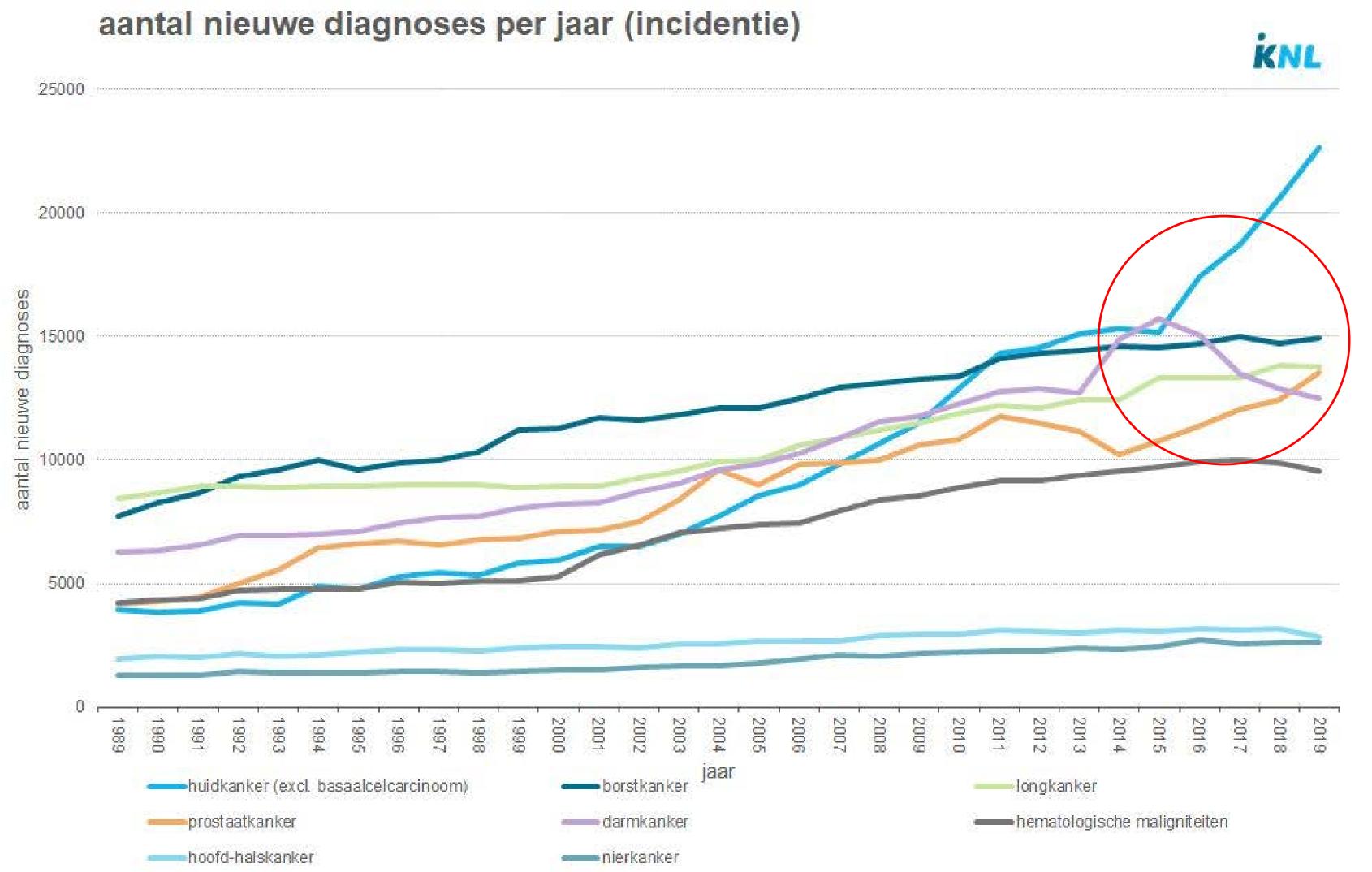




- Only one country in Europe has colorectal cancer screening according to EU Recommenations and Guidelines : all citizens between 50 – 74 with participation rate of more than 65%: Slovenia
- If all EU countries applied best screening practices, more than 130,000 lives would be saved annually and 3 billion euro saved in direct healthcare costs

Curbing incidence thanks to screening





Colorectal cancer screening in the Netherlands

We act in the hope that member states act!





- We are setting up a European campaign on the importance of colorectal cancer screening
- March = European Colon Cancer Awareness
 Month
- We plan to organise a Colorectal Cancer Screening Summit in Brussels later this year, bringing together screening agencies from all Members States

Roadmap Colorectal Cancer

practice of 70%

participation



Recommendations Broad education Fast access: All citizens From 4 months to Specialised & Digital 6 months after - nutrition hospitals & 50-74 yrs old 2 months monitoring - physical activity EMA approval best practices Primary care - body weight education **Back to** work Pharma/Chemo R&D **Prevention** Screening **Diagnostics** Surgery Follow-up **End of** Life Lives saved
Budget saved +??? +??? +??? +130,000 +120,000 +120,000 - 3 bln € - 8 bln € Expected Current best Ideal of 50%





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Thank you for your attention!