



Healthcare payers disagree with Group of Chief Scientific Advisors to the European Commission on some key aspects of the update of the Council Recommendations on Cancer Screening

AIM publishes today its recommendations for the foreseen update of the Council Recommendations on Cancer Screening. AIM members' experts put forward their view on efficient and effective cancer screening while putting the patient at the centre. Mutual health care insurers and healthcare funds are essential players to ensure accessibility and quality of screening programmes. Their role is key in achieving a more efficient communication and higher participation rates of patients. Therefore, we ask the European Commission and Member States to involve them in the implementation of screening programmes.

Screening should be understood as a pathway and all steps of that pathway should be guaranteed for everyone.

According to AIM, any decision concerning screening programmes should be based first and foremost on ground scientific evidence. AIM stresses that screening should be understood as a pathway rather than a "one-shot" test. It is key to consider all steps of that pathway and to ensure that they can all be provided for all patients when considering the improvement of existing programmes or the extension to other types of cancers.

AIM encourages the European Commission and Member States to work towards the publication of European Guidelines for shared decision-making in cancer screening and urges the European Commission and Member States to develop communication methods and tools that allow for better targeting of vulnerable groups while making sure to reach all patients.

AIM experts deeply concerned about the recommendation to extend screening programmes to prostate cancer screening.

While AIM's experts agreed with many recommendations made by the Advisors in their latest report, they strongly disagree with the proposal to "(...) extend screening programmes to PSA-based prostate cancer screening and MRI scanning as a follow-up test"¹. According to AIM, there is indeed currently no scientific evidence to support this recommendation. AIM disagrees that "(...) screening via low threshold prostate-specific antigen (PSA) test reduces the mortality"² as no RCT has ever tested PSA or MRI on prostate cancer mortality.

¹ *Scientific Opinion n°12: Cancer Screening in the European Union*. Scientific Advice Mechanism (SAM); March 2022

² *Idem*

AIM therefore calls for randomised-controlled trials to be carried out and their results to be considered in the decision on whether or not to extend “mass screening programmes” to prostate cancer.

AIM disagrees with the EC scientific advisors’ recommendation to extend screening programmes to for lung cancer.

AIM believes that scientific evidence is not solid enough to support the EC scientific advisors’ recommendation to “(...) extend screening programmes to lung cancer using low-dosed computed tomography for current and ex-smokers”. While recognising that evidence is promising, AIM encourages to continue to carry out experimental trials. In addition, AIM highlights that computed tomography requires a lot of resources, both financial and in terms of skilled professionals. According to its experts, national health systems are not ready for the extension. What is more, implementation proves difficult at this stage.

AIM calls for living guidelines and encourages the application of proportionate universalism.

With technologies evolving fast, it is essential to ensure that guidelines can be rapidly updated according to the latest science. AIM agrees with the EC Scientific Advisors’ call for ‘living guidelines’, which will enable a direct update of the recommendations once robust evidence on tests, treatments, biomarkers or risk stratification processes is available.

AIM also highlights the importance of adapting strategies to the risk level of people and recommends to further develop and implement risk-stratified screening to improve the harm-benefit ratio of screening programmes, maximising their efficiency and specificity.

Finally, AIM encourages the application of proportionate universalism in order to ensure access to screening for all. Putting the needs of individuals at the centre is essential in guaranteeing the availability and the proper implementation of screening programmes.



AIM Healthcare and social benefits for all

The International Association of Mutual Benefit Societies (AIM) is an international umbrella organisation of federations of health mutuels and other not-for-profit healthcare payers. It has 53 members from 28 countries in Europe, Latin America and Africa and the Middle East. AIM members provide compulsory/and/or supplementary

health coverage to around 230 million people around the world, including close to 200 million people in Europe, on a not-for-profit basis. Some AIM members also manage health and social services. Collectively, they have a turnover of almost €300 billion. Members are either mutual or health insurance fund. They are private or public legal entities; solidarity based; not-for-profit orientations: surpluses are used to benefit the members; democratically elected members play a role in the governance of the organisation.

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