



AIM calls on Member States to ensure that the final version of the Cancer Screening Recommendations reflects robust Science

The European Commission published its proposal of Council Recommendations on Cancer Screening on 20 September. AIM welcomes that the proposal rightly puts citizens at the centre and understands screening as a pathway, which are in line with AIM's own [recommendations](#) published before Summer. Our initial reaction to the Commission proposal can be found hereunder:

We welcome a more cautious approach on lung cancer screening.

According to our experts, science is not solid enough to support the recommendation to extend screening programmes to lung cancer. Therefore, we welcome that the European Commission is more cautious in its approach when it comes to this type of cancer, asking Member States to “test the feasibility of this programme”. AIM indeed believes that national health systems are not ready for the extension and that implementation is difficult. Questions on how to reach target groups (given the behaviour-related nature of the recommendation), on which healthcare professionals to involve for a proper implementation (pharmacists, general practitioners...) etc. need to be further reflected upon.

AIM recalls that screening is a pathway and that the feasibility of each and every step of that pathway should be taken into account. At this moment, the steps of that pathway cannot be guaranteed for all as computed tomography requires resources, both financial and in terms of skilled professionals.

Prostate Cancer: Randomised controlled trials should be carried out

The European Commission recommends “(to) implement new cancer screening tests in routine healthcare only after they have been evaluated in randomised controlled trials”. Yet, when it comes to prostate cancer, no randomised controlled trials have ever tested prostate-specific antigen or magnetic resonance imaging on prostate cancer mortality. AIM therefore advises not to extend the scope of the Council Recommendations to prostate cancer.

AIM believes that RCTs should be carried out and their results considered in the decision on whether or not to extend “mass screening programmes” to prostate cancer before evaluating the feasibility of implementing cancer screening programmes for prostate cancer as suggested. PSA is not a robust parameter for prostate cancer. In addition, prostate cancer is not a common cause of mortality. We invite Member States to base their recommendations on sound science and not on commercial interests.



More evidence needed to extend breast cancer screening beyond 69.

AIM believes that there is currently no sufficient evidence on the harm/benefit ratio of screening for breast cancer beyond the age of 69. AIM encourages Member States and the European Commission to carry out the needed research in order to establish the added value of extending the upper age limit, and to extend it only once the evidence is available and the harm/benefit ratio established.

The International Association of Mutual Benefit Societies (AIM) is an international umbrella organisation of federations of health mutuals and other not-for-profit healthcare payers. It has 52 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. Some AIM members also manage health and social services. AIM Members are either mutual or health insurance funds. They are private or public legal entities; solidarity based; not-for-profit orientations: surpluses are used to benefit the members and improve services; democratically elected members play a role in the governance of the organisation. AIM's priorities are the following:



- Promote solidarity in re-shaping our welfare systems
- Enabling universal access to health and long-term care
- Affordability of and access to medicine
- The power of data for better health
- Promotion of mutual welfare models
- Promotion of health in all policies