

# Policy statement and recommended actions for early detection of breast, cervical, colorectal, oral and prostate cancers in the Eastern Mediterranean Region

## Policy goal

Implement early detection programmes for breast, cervical, colorectal, oral and prostate cancer to detect the cancer when it is small and localized, thus reducing cancer mortality rates.

## Background

The impact of the growing burden of cancer in countries of the Eastern Mediterranean Region is evident, and necessitates implementation of suitable and effective cancer control policies. An important component of cancer control is the early detection of major types of cancer that benefit from effective treatment.

Early detection of cancer aims to detect the disease in its early stages when treatment is simple and affordable, resulting in higher cure rates. However, the degree to which this goal can be achieved is dependent on many factors including: the cancer type and behaviour, which influence the feasibility of screening and early detection; the quality of care and response to treatment, which influence treatment outcomes; and socioeconomic factors that determine affordability of diagnostic tests and subsequent treatment. Therefore, early diagnosis, which entails strengthening of many aspects of public health as well as clinical cancer care, becomes essentially synonymous with health system strengthening, at least in the context of cancer service delivery.

The five priority cancers selected for early detection efforts in the WHO Eastern Mediterranean Region include **breast cancer**, which is the most common cancer among women and increasing in incidence in all countries of the Region; **colorectal** and **prostate cancers**, which are also increasing in incidence; **oral cancer**, which is common in certain countries due to the high prevalence of tobacco, toombak and qat chewing; and **cancer of the uterine cervix**, which, although incidence in the Region is low, is one of the most suitable cancers for screening interventions. The low rate of cervical cancer, however, gives the opportunity for the future potential elimination of this disease in certain countries in the Region.

## Key definitions

**Early diagnosis** aims to detect cancer in its early stages in people with symptoms, when treatment is simple and affordable, resulting in higher cure rates. Early diagnosis is based on improved public and professional awareness of signs and symptoms of cancer. It entails recognizing possible warning signs and taking prompt action, and requires education of the public to improve cancer awareness, training of health care professionals to improve their professional awareness and skills in recognizing early signs and symptoms of common cancers, availability, affordability and good access to diagnostic and staging investigations, treatment services and follow-up care in public health services.



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**Screening** is the process of identifying apparently healthy, asymptomatic people who are at high risk of having clinically undetectable early disease. It involves routine application of a screening test at specified intervals and referring those with “abnormal” (positive) screening tests for further diagnostic investigation and treatment. A screening test may be offered to a large number of asymptomatic people in the population, when it is called population-based screening, or it may be offered by a provider to asymptomatic individuals during routine health care interactions, when it is called opportunistic or spontaneous screening.

**Population-based screening programmes** are characterized by centralized screening invitations to a well-defined target population; systematic call and recall for screening; timely delivery of test results, diagnostic investigations, treatment and follow-up care; centralized quality assurance; and a programme database with linkages to other information systems (such as cancer and death registration systems) for monitoring and evaluation of the programme.

**Opportunistic screening programmes** provide unsystematic screening to subjects on request or coincidentally during routine health care interactions. There is no predetermined eligible population or protocol, and no systematic invitation at predefined intervals.

## Recommended actions

1. **Conduct a situation analysis for early detection programmes.** Include the following steps.
  - Assess cancer burden. Consider data on demography, cancers, other diseases competing for resources and on health care facilities and personnel.
  - Assess availability and access to affordable diagnostic and treatment facilities. Ensure that diagnostic and treatment facilities are accessible, affordable, efficient and effective, according to quality assured evidence-based guidelines.
  - Determine the need to build capacity. Assess whether health care workers in primary care receive appropriate training in clinical examination for the five cancers to recognize the symptoms and signs of early cancer.
  - Confirm availability and access to diagnostic investigations, treatment and follow-up care in a timely manner.
2. **Consider cancer screening.** A country intending to introduce a cancer screening programme should first conduct a pilot programme to assess feasibility, country priority and the health system readiness, population acceptability and participation for screening
  - **Breast cancer screening:** Mammography is the most widely used test. Every country with mammography screening should evaluate their programme using standard criteria. The role of mammography is critical for diagnosis.
  - **Cervical cancer screening:** The low risk of cervical cancer gives the opportunity for the future potential elimination of this disease in certain countries. Any country intending to introduce or reorganize a cervical cancer screening should consider using HPV testing as the primary screening test at age 35–40. Screening through maternal and child health services should be avoided as the attendees are too young to justify screening.
  - **Colorectal cancer screening:** Every country that has introduced colorectal cancer screening should evaluate the programme in terms of performance and characteristics of the screening test used.

- Oral cancer screening: Countries with high burden and risk of oral cancer due to high prevalence of tobacco chewing habits should consider health care and financial resources before introducing a programme of oral visual inspection screening.
  - Prostate cancer screening: Prostate-specific antigen screening is currently not recommended for any country of the Region as a control strategy for prostate cancer.
3. **Implement an early detection programme.** A national committee should be established to implement the country's early detection programme for cancer. All relevant interests should be included. Government departments should ensure that funding is available to support the work of the committee. The referral path followed by cancer patients should be reviewed. Cancer care will be facilitated if specialized cancer units are established in second tier health care institutions, bringing together diagnostic and treatment expertise.
  4. **Conduct regular monitoring and evaluation.** A prerequisite for an effective cancer control programme is availability and accessibility of good quality medical records and evaluation with feedback to providers and planners to improve performance. If a screening programme is in operation or initiated, special provision will have to be made to capture data on participation and false positives, as well as on cancer detection, diagnosis and treatment and eventually on the impact of the programme on cancer mortality. A cancer registry will facilitate evaluation.