

# The European Commission's science and knowledge service

Joint Research Centre



# ECIBC - *the* EUROPEAN COMMISSION INITIATIVE *on* BREAST CANCER:

**Luciana NEAMTIU**

Bucharest, 07/05/2019

# JRC's Mission

***“ As the science and knowledge service  
of the Commission our mission is to support  
EU policies with independent evidence  
throughout the whole policy cycle ”***



# JRC sites

Headquarters in Brussels  
and research facilities located  
in **5 Member States:**

- Belgium (Geel)
- Germany (Karlsruhe)
- Italy (Ispra)
- The Netherlands (Petten)
- Spain (Seville)



# JRC Role: facts & figures

€ **386** million Budget annually,  
plus € **62** million earned income

**6** locations in 5 Member States: Italy,  
Belgium, Germany, The Netherlands, Spain

**Independent** of private,  
commercial or national interests



**Policy neutral:**  
has no policy agenda of its own

**42** large scale research facilities,  
more than 110 online databases

**30%** of activities in policy preparation,  
**70%** in implementation

**125** instances of support  
to the EU policy-maker annually

More than **100** economic,  
bio-physical and nuclear models



**83%** of core research staff  
with PhD's



**Over 1,400**  
scientific publications per year

# Activities : Health in society

- **European Commission Initiative on Breast Cancer (ECIBC)**
- ECIBC -> template for other initiatives (e.g. ECICC for **colorectal cancer** )
- ECIS (**European Cancer Information System**) : **incidence, mortality, survival**
- ENCR secretariat (**European Network of Cancer Registries**)
- **Health Promotion and Disease Prevention** Knowledge Gateway
- European Platform on Rare Disease Registration (EU RD Platform)
- **Best Practice** for health promotion

# Context: Breast cancer figures

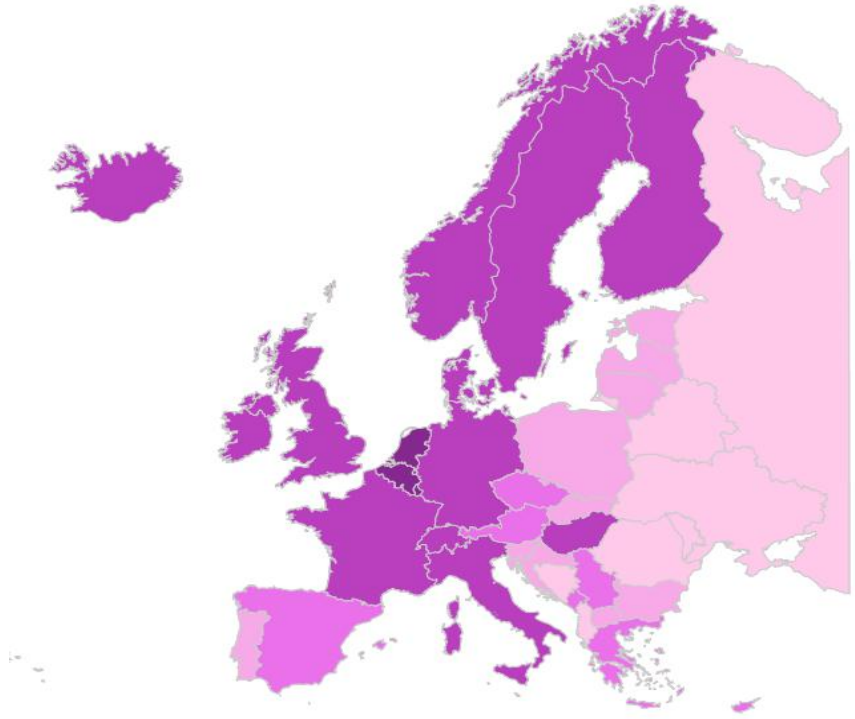
- Breast cancer: The **most common** cancer in European women, the first cause of death from cancer
- Variations in incidence, mortality and survival suggest disparities across European countries

# Female breast cancer **incidence** – estimates **2018**

(source: ECIS – European Cancer Information System, <https://ecis.jrc.ec.europa.eu/>)

Age standardised rate  
x 100,000

- 70.1 – 96.0
- 96.0 – 122.0
- 122.0 – 147.9
- 147.9 – 173.9
- 173.9 – 199.8

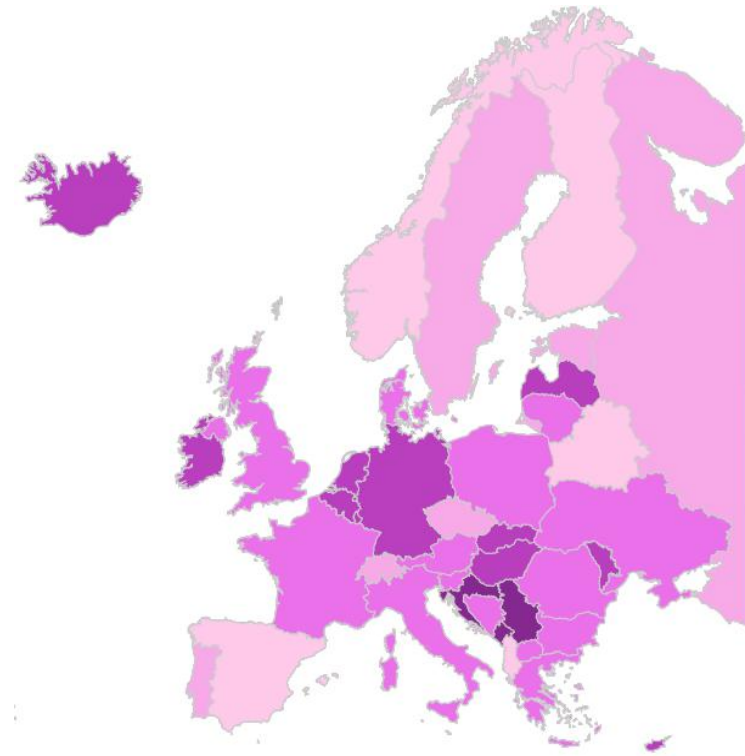
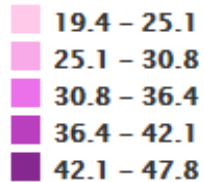




# Female breast cancer **mortality** – estimates **2018**

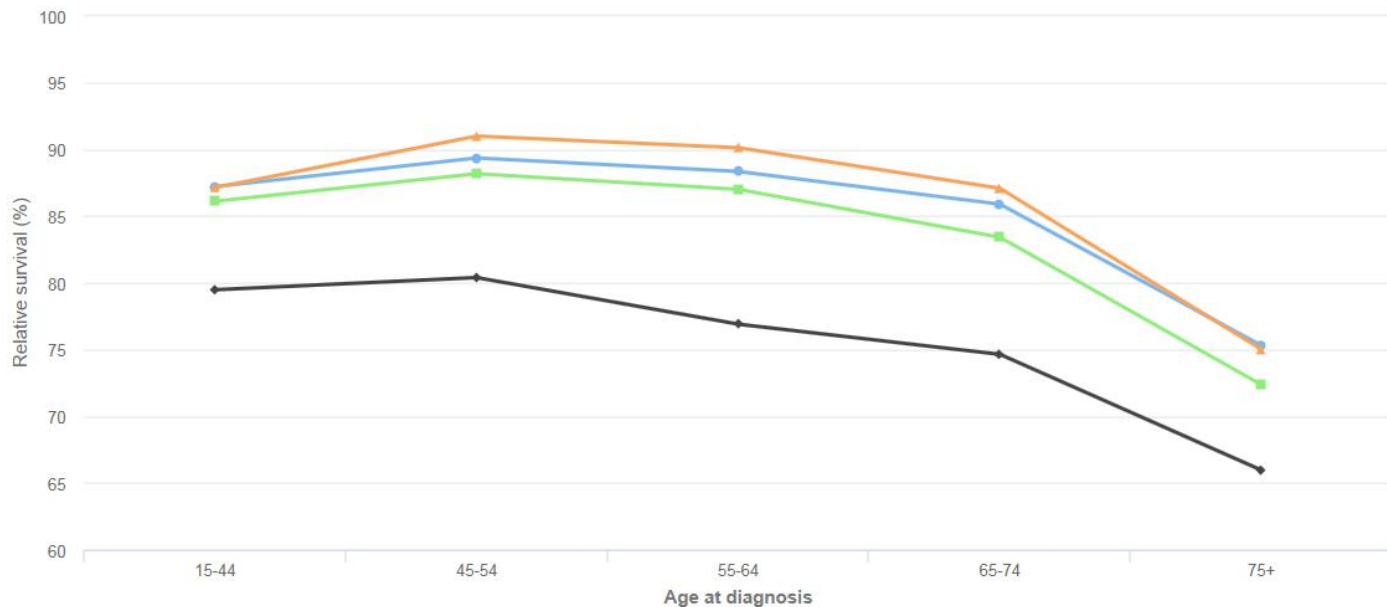
(source: ECIS – European Cancer Information System, <https://ecis.jrc.ec.europa.eu/>)

Age standardised rate  
x 100,000



# Female breast cancer 5 year relative survival – 2000-2007

(source: ECIS – European Cancer Information System, <https://ecis.jrc.ec.europa.eu/>)



Country	Sex	Cancer Site	▲
Central Europe	Female	Breast	—
Eastern Europe	Female	Breast	—
European average	Female	Breast	—
Northern Europe	Female	Breast	—

# Legal base

**2008:** the Council of the EU asked the European Commission to initiate ECIBC with the aim of reducing the burden of cancer at European level by improving the quality of cancer services.

# What is ECIBC?

- 35 countries in Europe
- 113 million women potentially involved
- 70 experts in 2 working groups (Guidelines and QA Scheme Development Groups)
- Literature reviews, surveys, papers, meetings, events coordinated by the European Commission

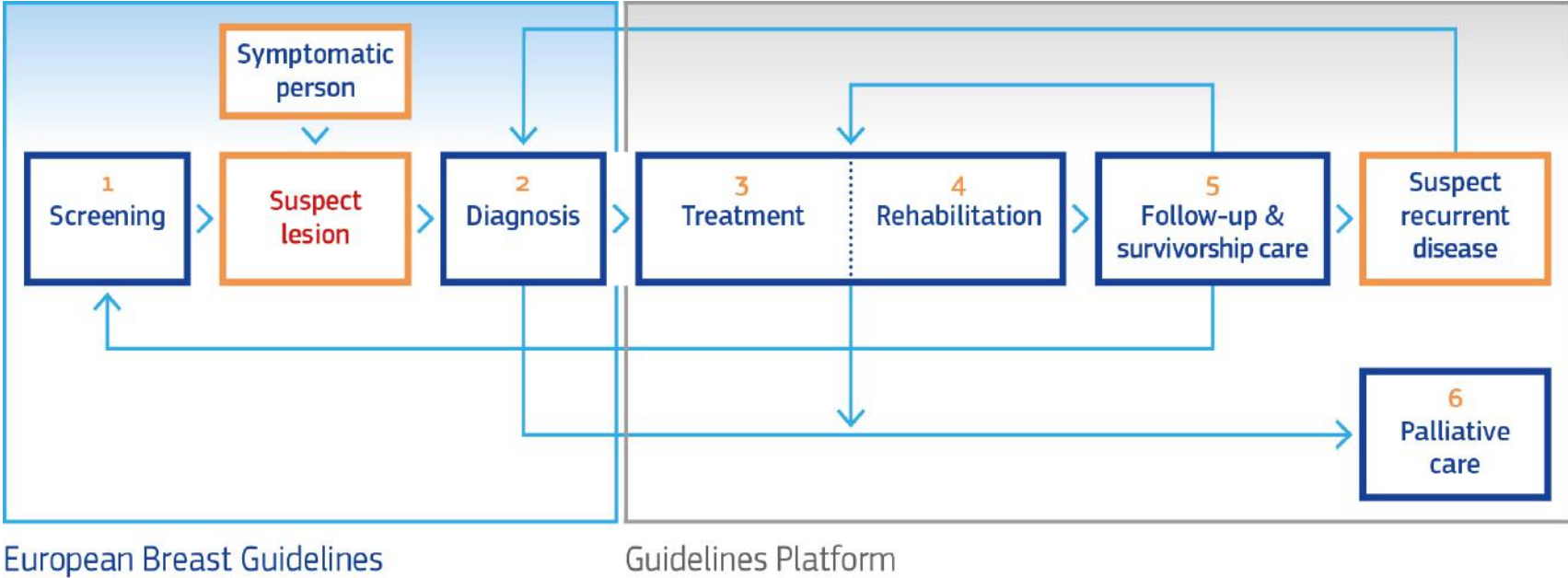
# ECIBC: Working modality




# ECIBC: objectives

- Evidence-based Breast Cancer Guidelines
- Quality Assurance scheme for breast cancer services

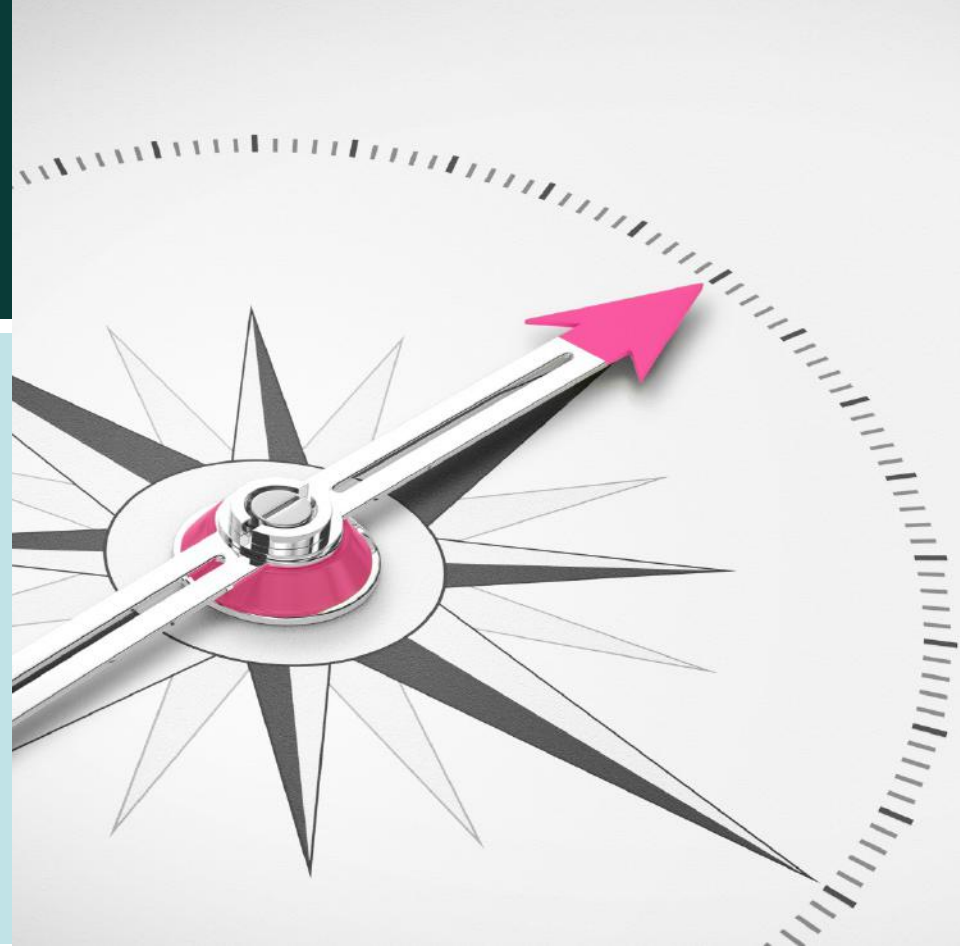
# ECIBC considers the whole breast cancer care pathway



# European Breast Guidelines

- Recommendations on screening and diagnosis
- TRANSPARENTLY Developed with GRADE Evidence to Decision Framework 
- Web published in all languages and specific to each of three profiles:
  1. citizens and patients
  2. health professionals
  3. policy makers

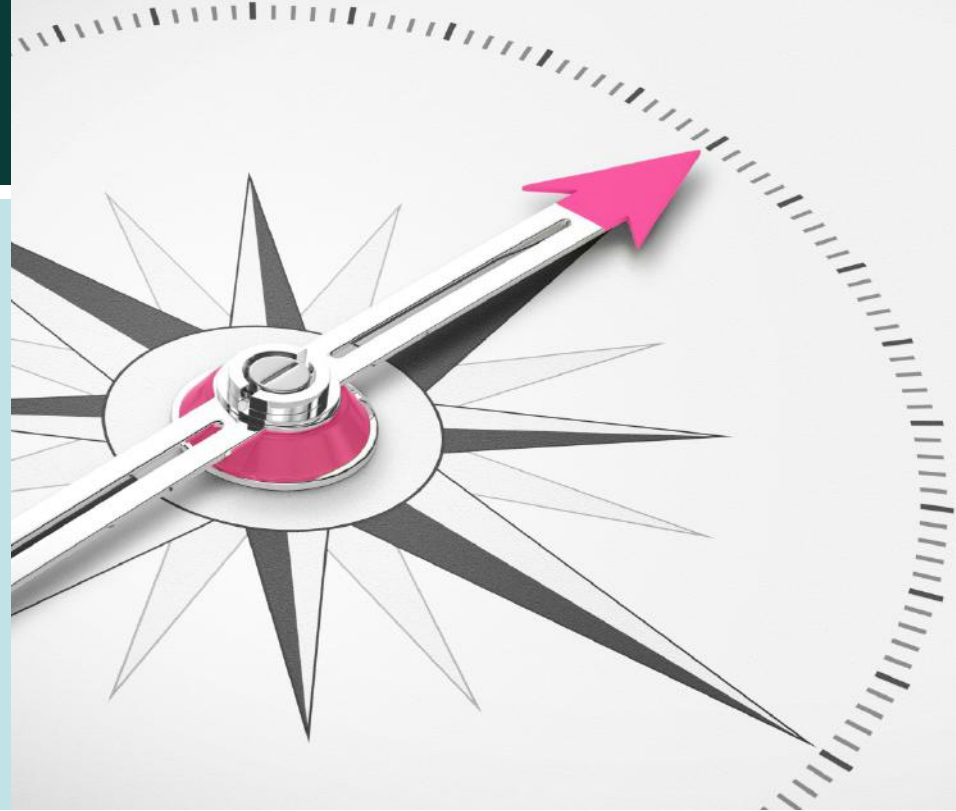
<http://ecibc.jrc.ec.europa.eu/recommendations/>





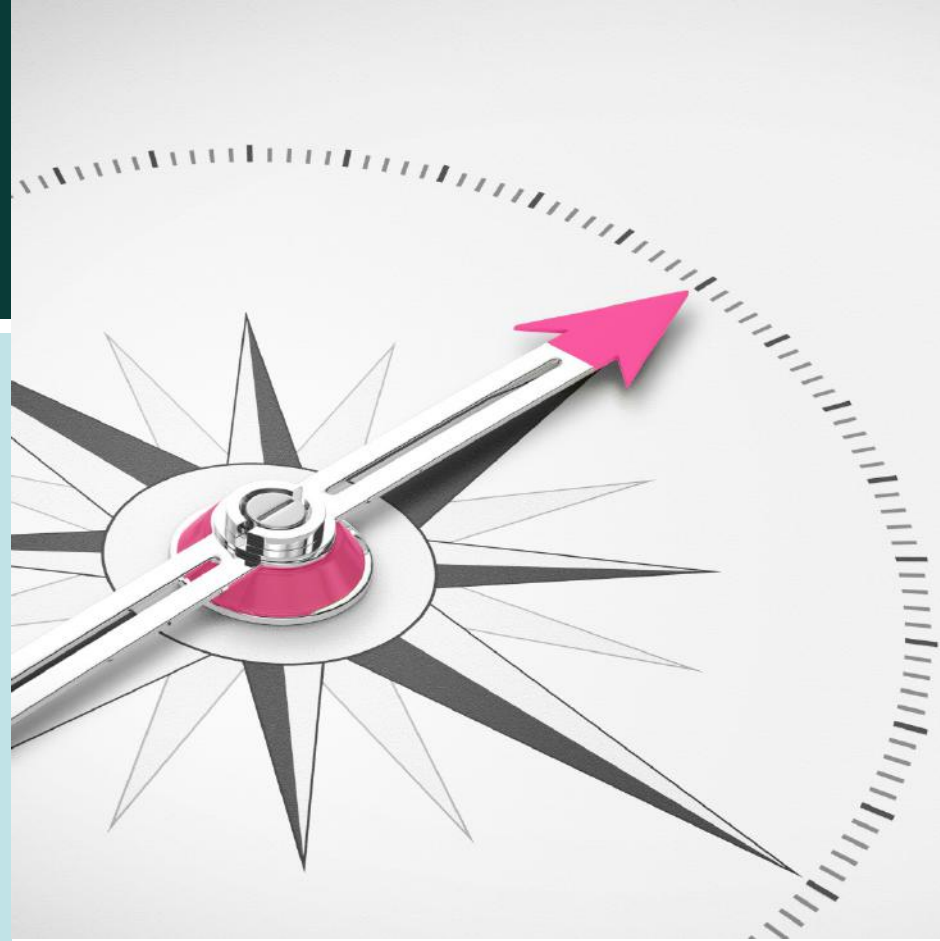
# *European Breast Guidelines*

- **Step 1** – Prioritisation of the questions
- **Step 2** – Framing the questions (PICO)
- **Step 3** - Literature review and Quality of evidence
- **Step 4** – Going from the evidence to the recommendation – EtD framework
- **Step 5** – Formulation of recommendations



# Examples of published Recommendations

- Screening age ranges
- Screening tests
- Organised vs. non-organised screening
- Communication and invitation for screening
- Diagnosis (reading mammographies, biopsy)



Profiles ←

Read me



I'm a patient/individual



I'm a professional



I'm a policy maker



Recommendation in question/answer format

*Should organised mammography screening vs. no mammography screening be used for early detection of breast cancer in women aged of 50 to 69?*

Recommendation

Justification

Considerations

Assessment

Bibliography



### Recommendation

For asymptomatic women aged 50 to 69 with an average risk of breast cancer, the ECIBC's Guideline Development Group (GDG) recommends mammography screening over no mammography screening, in the context of an organised screening programme (strong recommendation, moderate certainty in the evidence).

### Recommendation strength



Strong recommendation against the intervention



Conditional recommendation against the intervention



Conditional recommendation for either the intervention or the comparison



Conditional recommendation for the intervention



Strong recommendation for the intervention

[Read more](#) ▶

Information tailored to specific profile

### Subgroup

This recommendation does not apply to high-risk women (see recommendations for women with high breast density).

# Guidelines Platform

- Treatment, rehabilitation, survivorship, and palliative care
- Evidence based recommendations covering the whole care pathway
- Inclusive and comprehensive with only high-quality and "trustworthy" guidelines



# European Quality Assurance scheme for Breast Cancer Services

- A collection of quality requirements and indicators
- Requirements based on the evidence selected via Delphi Rounds
- Covers the whole care pathway
- Voluntary implementation, modular and adaptable to national/local contexts



# European Quality Assurance scheme for Breast Cancer Services

Requirements are grouped according to quality domains:

- Clinical effectiveness
- Facilities, resources and workforce
- Personal empowerment and experience
- Safety



# Examples of approved requirements

- The breast center must have a written **policy for quality improvement** including a quality management system, a patient safety system, and a clinical information system for monitoring quality of breast cancer care.
- The breast center must have implemented a policy to ensure **relevant patient-centered care**.
- The breast screening center must have a written policy for **counselling about nutrition and physical activity** for women attending screening.

# How ECIBC will change things

- Real time updates and monitoring based on scientific evidence
- Flexible and transparent process
- Modular, adaptable and implementable QA scheme



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