



Centro di Riferimento per l'Epidemiologia
e la Prevenzione Oncologica in Piemonte

European Code Against Cancer

Overview

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CPO Piemonte

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Ecac

International Agency for Research on Cancer



World Health
Organization



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European Code against Cancer 4th Edition: 12 ways to reduce your cancer risk[☆]



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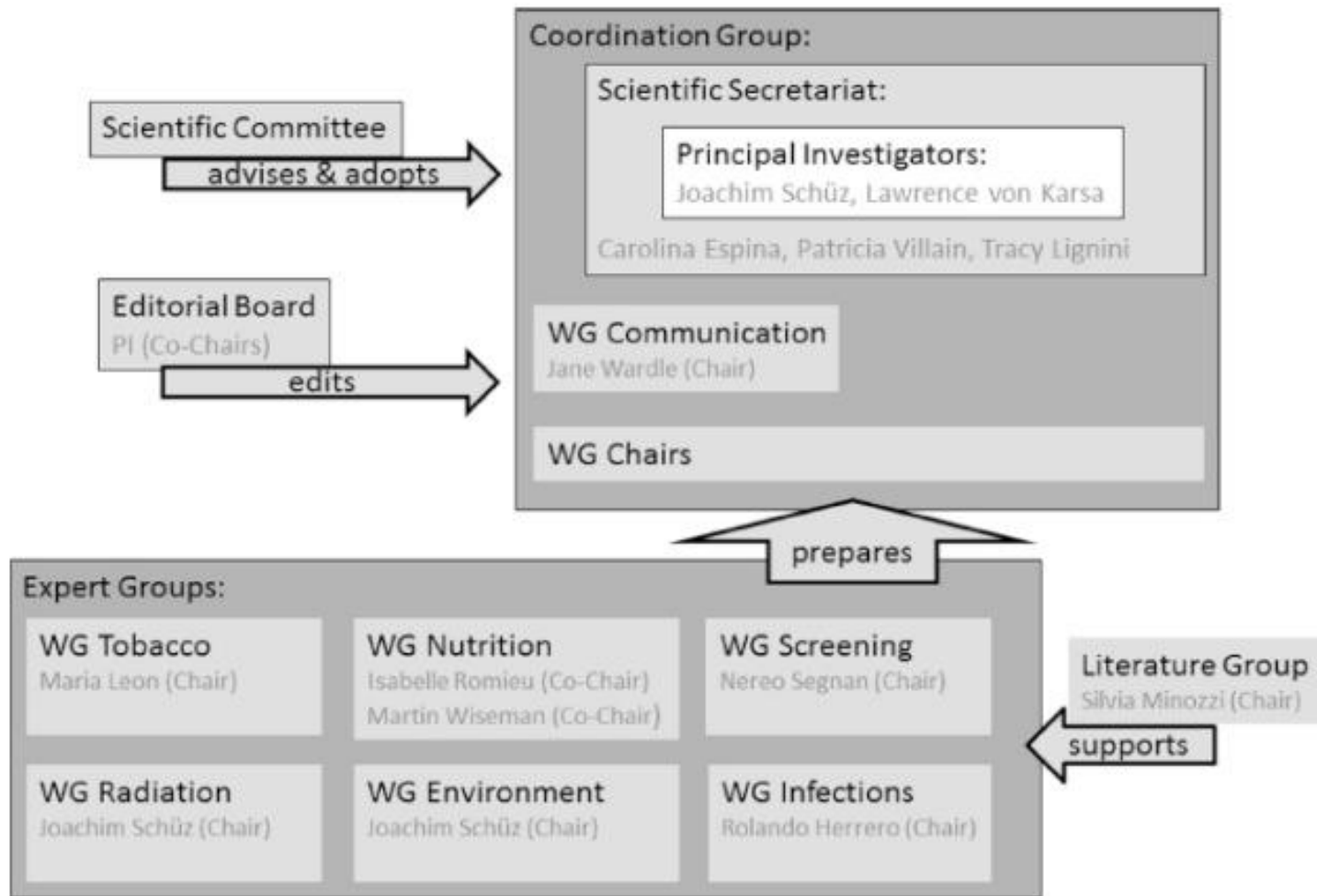
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Work flow and decision-making structure for the 4th edition of the European Code against Cancer; WG, Working Group; PI, principal investigator.

JUSTIFICATION OF RECOMMENDATION

- Scientifically justified prevention recommendation
- Relevant cancer burden in Europe related to recommendation
- Modifiable by the individual
- Communication possible in a way that it does not confuse the layman

- 1) Sufficient scientific evidence that following the recommendation to avoid or reduce exposure to a harmful agent, or to adopt a healthy behaviour, or participate in screening or vaccination activities would reduce the individual's risk of developing cancer or dying from cancer.

All recommendations needed to be scientifically justified, following procedures outlined below. Importantly, the Code aims at causes of cancer or interventions shown to reduce the risk of developing or dying from cancer; hence, for the individual there is a scientifically established benefit, albeit obviously acknowledging the impossibility of totally avoiding cancer. Avoiding exposures of possible carcinogenicity where there is scientific uncertainty is not part of the recommendations.

- 2) The recommendations are suitable for a broad target population.

2) The recommendations are suitable for a broad target population.

It was ensured that recommendations be applicable to a broad target audience. The intention was not to neglect or downplay risks, particularly affecting vulnerable groups (e.g., smaller high-risk groups), but it was felt that they needed preventive efforts more focused on their particular requirements. For such situations, however, the Code attempts to raise awareness in the general population by providing information (see below).

3) The recommendation is something individuals can do to reduce their cancer risk.

As outlined above, successful prevention is a combination of individual actions and policies and community actions. A principle in the recommendations of the 4th edition of the European Code against Cancer was to focus on risks modifiable by the individual. The intention was not to downplay the responsibility of health decision-makers, but to provide a tool for people responding to the question “what can I do to reduce my cancer risk”.

4) The recommendation can be clearly and succinctly communicated to the general population.

Another principle was to avoid recommendations that would give confusing or mixed messages to people. This is particularly the case when an individual risk–benefit analysis is needed to assess whether the exposure carries a benefit that may outweigh the potential risk. An example is exposure to medical radiation. X-rays are carcinogenic to humans; however, refusing an imaging examination may have fatal consequences [6,7]. Also some pharmaceuticals fall into this category [7]. Therefore, each recommendation was phrased in a way that it: (i) can be understood by the general population, (ii) is memorable and/or recognisable, (iii) creates a sense that cancer can be prevented, (iv) enhances motivation to change, and (v) can be used across Europe as a basis for public education.

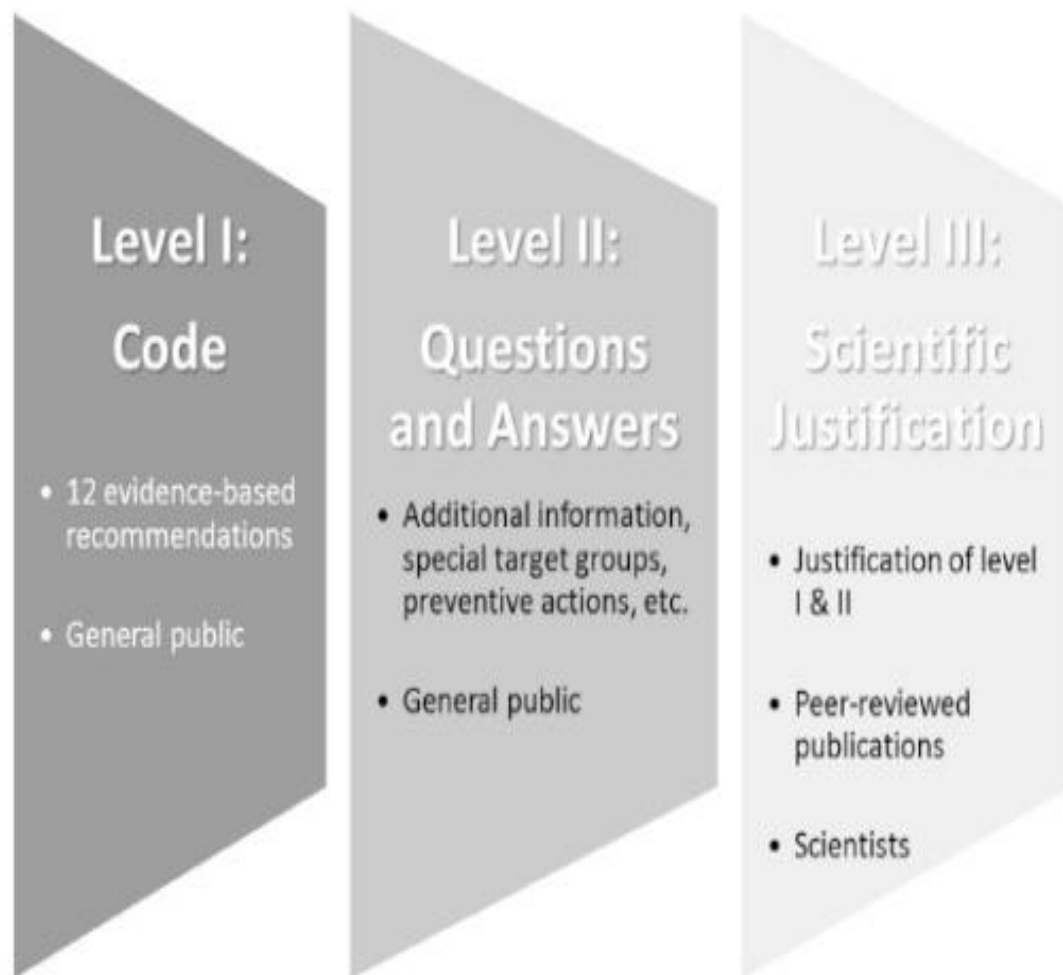


Fig. 1. Conceptual structure of the 4th edition of the European Code against Cancer; level I: recommendations on 12 ways to reduce your cancer risk (to the general public); level II: questions and answers related to the 12 ways to reduce your cancer risk, including clarifications, messages to specific target groups, and interventions to reduce exposure, as well as to cancer prevention in general (to the general public); level III: scientific justification of the recommendations (to experts by means of peer-reviewed publications).

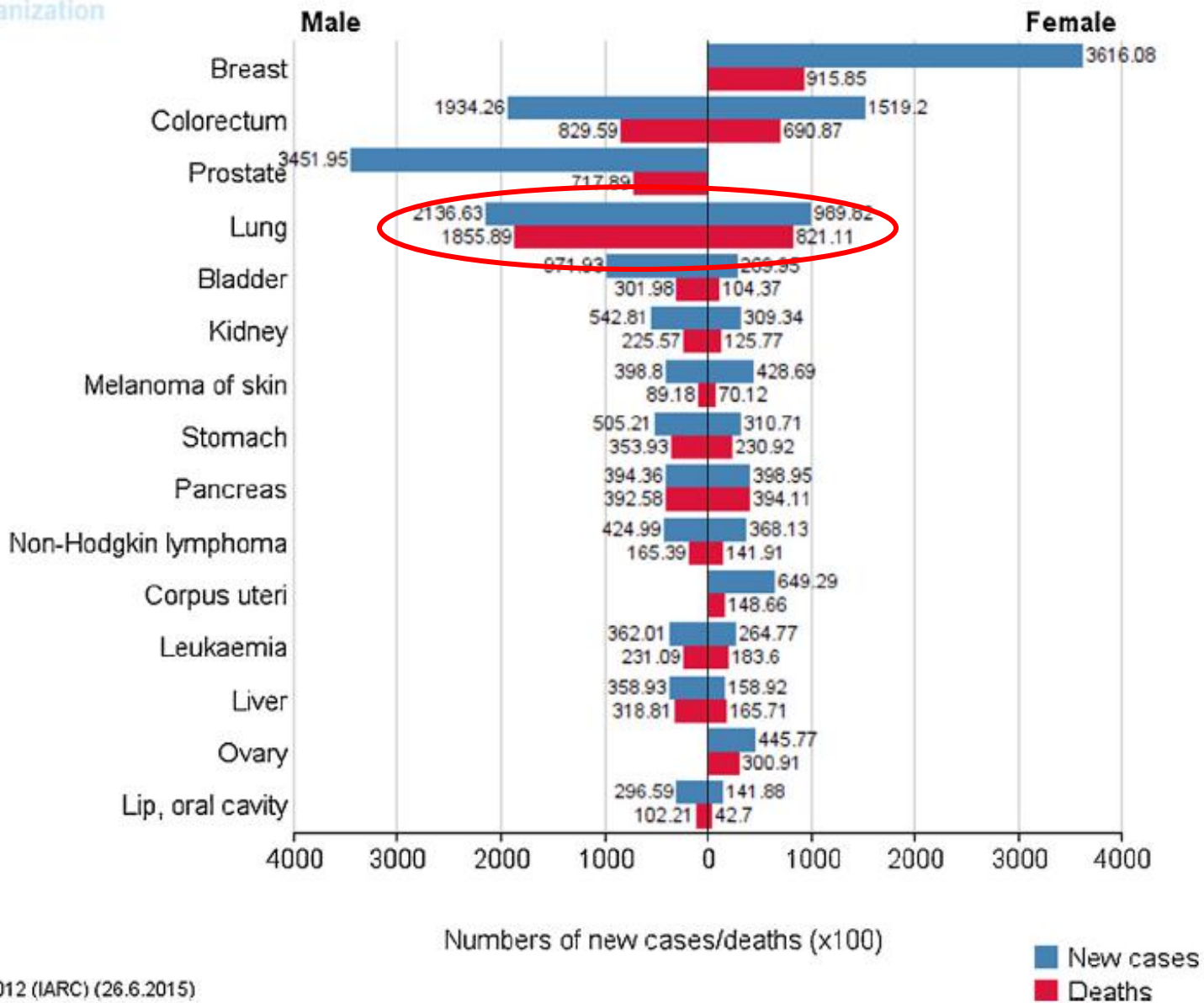
28 Member States EU

505 millions of citizens

1.43 million new cancer cases , 716 000 deaths in men

1.21 milioni new cancer cases, 561 000 deaths in women

In 2012



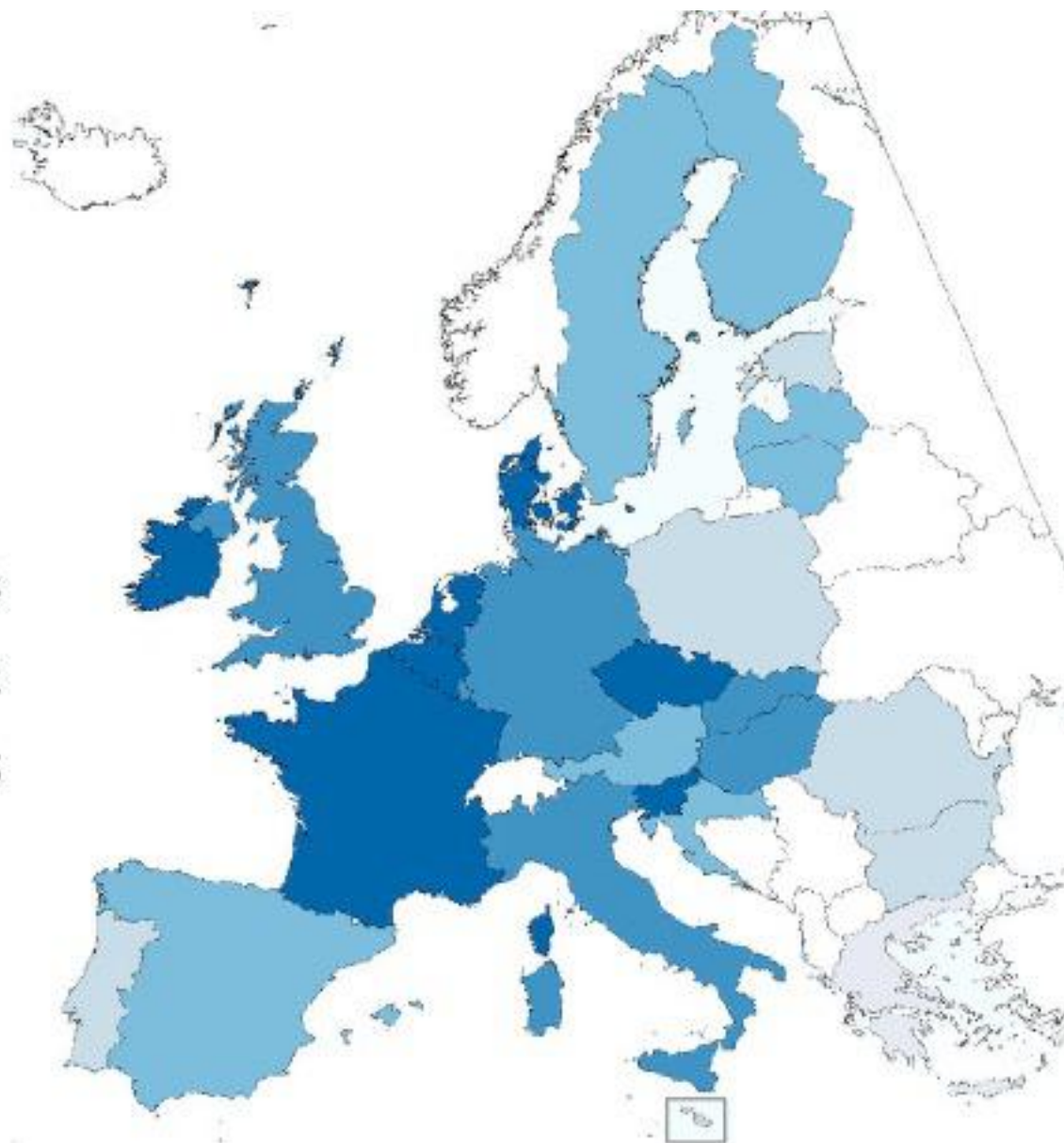
GLOBOCAN 2012 (IARC) (26.6.2015)

Fig. 3. Number of new cancer cases and cancer deaths for the top 15 commonest cancers in the 28 member states of the European Union; estimate for 2012 by IARC GLOBOCAN.

Incidence

All cancers (ASR)

- > 288.3
- 271.2 - 288.3
- 246.5 - 271.2
- 223.1 - 246.5
- < 223.1

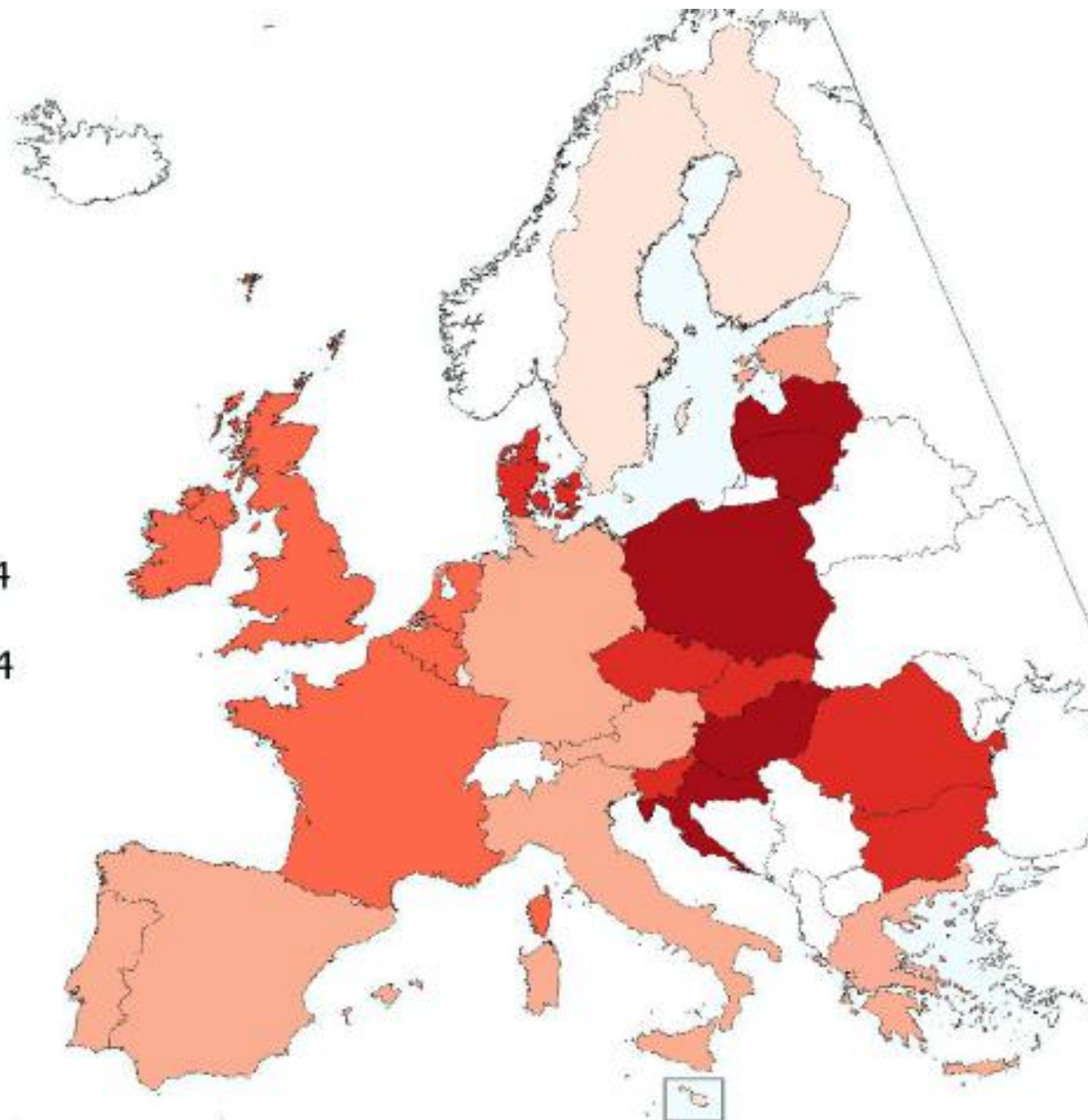
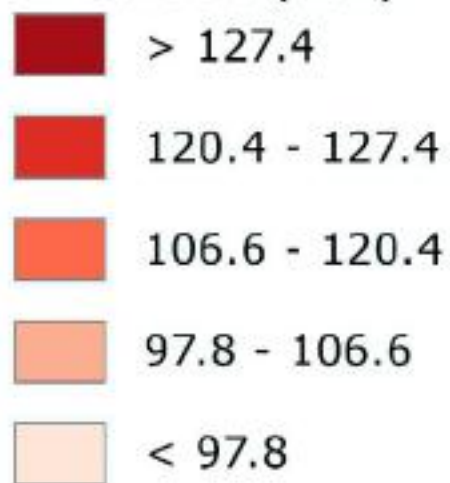


Internatio

Fig. 4. Incidence and mortality of all cancers combined (excluding non-melanoma skin cancer) in the 28 EU countries, men and women combined; shown as age-standardised rates (ASRs) per 100,000. Source: GLOBOCAN 2012.

Mortality

All cancers (ASR)



Inte

Fig. 4. Incidence and mortality of all cancers combined (excluding non-melanoma skin cancer) in the 28 EU countries, men and women combined; shown as age-standardised rates (ASRs) per 100,000. Source: GLOBOCAN 2012.



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European Code against Cancer 4th Edition: Process of reviewing the scientific evidence and revising the recommendations[☆]



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International Agency for Research on Cancer

NEW RECOMMENDATION (ECAC 4th edition)

Recommendation#10

Take part in organised cancer screening programmes for:

- Bowel cancer (for men and women)
- Breast cancer (for women)
- Cervical cancer (for women)

Screening

