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From:	Secretary-General of the European Commission, signed by Ms Martine DEPREZ, Director
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To:	General Secretariat of the Council
No. Cion doc.:	COM(2022) 474 final
Subject:	ANNEX to the Proposal for a Council Recommendation on strengthening prevention through early detection: A new EU approach on cancer screening replacing Council Recommendation 2003/878/EC

Delegations will find attached document COM(2022) 474 final.

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ANNEX

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to the

Proposal for a Council Recommendation

**on strengthening prevention through early detection: A new EU approach on cancer
screening
replacing Council Recommendation 2003/878/EC**

{SWD(2022) 296 final}

ANNEX

Cancer screenings, which fulfil the requirements of the recommendation and for which technical specifications will be further specified in European guidelines with quality assurance:

Breast cancer:

Breast cancer screening for women starting aged 45 to 74 with digital mammography or digital breast tomosynthesis¹, and for women with particularly dense breasts consider magnetic resonance imaging (MRI), where medically appropriate.

Cervical cancer:

Testing for human papilloma virus (HPV) for women aged 30 to 65 with an interval of 5 years or more, and consider adapting ages and intervals to individual risk based on the HPV vaccination history of the individuals.

Colorectal cancer:

Faecal immunochemical testing (FIT), quantitative with thresholds defined per sex and age and earlier test result is considered the preferred screening test for referring individuals to follow-up colonoscopy between 50 and 74 years old. Endoscopy may be adopted as a primary tool to implement combined strategies.

Lung cancer:

Considering the evidence for screening with use of low-dose computed tomography, and the need for a stepwise approach, countries should begin to test feasibility of this programme by using implementation studies coupled with planned and organised smoking cessation intervention strategies, start with current and ex-smokers who have quit smoking within the previous 15 years, are aged 50 to 75 years and have a smoking history of 30 pack-years (equivalent to smoking 20 cigarettes per day for 30 years)².

Prostate cancer:

Considering the evidence and the significant amount of ongoing opportunistic screening, countries should take a stepwise approach, including piloting and further research to evaluate the feasibility of implementation of organised programmes³ aimed at assuring appropriate management and quality on the basis of prostate-specific antigen (PSA) testing for men up to 70, in combination with additional magnetic resonance imaging (MRI) scanning as a follow-up test.

Gastric cancer:

¹ [European guidelines on breast cancer screening and diagnosis | ECIBC \(europa.eu\)](#)

² [Cancer screening – SAPEA](#)

³ [cancer-screening-workshop-report-01.pdf \(sapea.info\)](#)

Screening for *Helicobacter pylori* should be considered in those countries or regions inside countries with high gastric cancer incidence and death rates, according to thresholds to be defined in European guidelines with quality assurance. Screening should also address strategies for identification and surveillance of patients with precancerous stomach lesions unrelated to *Helicobacter pylori* infections.

Considering the evidence for screening and the need for a stepwise approach, countries should begin to test the feasibility of this programme, including by using implementation studies.