



Transatlantic Declaration on Colorectal Cancer Screening and Prevention

This declaration was created by experts in colorectal cancer screening and prevention in the United States and in Europe. It was created at the first Transatlantic Symposium on Strategies To Increase Colorectal Cancer Screening, held on 20 April 2009 in New York City. This declaration follows the German Munich declaration from 2001 and the European Brussels declaration from 2007 as the unique American-European endeavor to exchange and learn from the experiences of experts in colorectal cancer screening on both sides of the Atlantic. It was prepared for review and ultimately approved by all signatories on [DATE TO COME](#).

PREAMBLE

The burden: Colorectal cancer is common on both sides of the Atlantic.

- It is the 3rd most common cancer, and the 4th leading cause of cancer death worldwide with 529,000 deaths per year
- Europe: 400,000 new cases per year and 200,000 deaths
- USA: 150,000 new cases per year and more than 50,000 deaths

The opportunity: many colon cancers can be prevented with screening.

- Premalignant precursor lesions – adenomatous polyps – can be detected and removed, leading to cancer prevention.
- Unlike other cancer screening efforts which focus on early cancer detection, effective colon screening could reduce the large burden of cancer. This is an important opportunity

The problem: despite the huge potential to reduce the burden of colon cancer, available screening tests are underutilized throughout the world

The solution: researchers, clinicians, and advocates worldwide have joined forces to identify barriers that prevent optimal participation in screening programs. Colorectal cancer screening should be a priority for all countries.

AIM

To eradicate colorectal cancer through a global effort to promote colorectal screening.

OBJECTIVES

The signatories of the Transatlantic Declaration hereby pledge to:

1. Form the Transatlantic Network To Increase Colorectal Cancer Screening;
2. Work together as part of this Network on the issues outlined in this declaration;
3. Respectfully request that international and national health leaders and organizations work with us in our effort to make colorectal cancer screening a healthcare priority in all areas of the world in which colorectal cancer remains a leading cause of cancer death; and
4. Set a time frame in which the above objectives (1-3) may be achieved.

GOALS

The goals on which the Transatlantic Declaration signatories agree to work collaboratively to address and achieve include:

1. **Request participation and support of the World Health Organization, European Union, international and national organizations, and national health leaders worldwide.**
The Transatlantic Declaration signatories hereby respectfully request the participation and support of the World Health Organization (WHO), European Union (EU), and national health leaders. We ask that these organizations and individuals work with the Network in our effort to: 1) make colorectal cancer screening a healthcare priority in their member countries and in all areas of the world in which this disease is a leading cause of cancer death and 2) address and achieve the issues and goals outlined in this declaration.
2. **Make colorectal cancer screening a healthcare priority worldwide.**
Network members will work together—along with international and national health organizations and leaders—to implement colorectal cancer screening as a healthcare priority on national public health agendas in the United States, in European countries, and in other countries in which colorectal cancer remains a leading cause of cancer death. As part of this effort, the Network will collaborate with the International Digestive Cancer Alliance (IDCA) and the World Gastroenterology Organisation (WGO) to offer international and national health leaders and organizations information and expertise regarding international cascade-based screening guidelines (developed with consideration for available financial and professional screening resources).
3. **Identify and work to overcome barriers to colorectal cancer screening.**
Currently, known barriers to colorectal cancer screening include but are not limited to lack of awareness, lack of physician recommendation, lack of access, low income, lack of health insurance coverage, fear or embarrassment, and other personal, organizational, and systems impediments. Network members will work collaboratively—along with international and national health organizations and leaders—to identify and address the barriers to screening by sharing information and research, and sharing and comparing successful models of overcoming these barriers.
4. **Promote the provision of information to the healthcare community and the public about the importance of colorectal cancer screening.**
Among the barriers to colorectal cancer screening participation are lack of health provider awareness and lack of public awareness. It is known that, for individuals who have a primary care or family physician, recommendation for screening by this physician is a predictor of screening participation. As part of this effort, the Network will work together to provide education for health professionals, the public and healthcare organizations on the importance of colorectal cancer screening. While the overall message will be the importance of screening, more tailored local messaging will be utilized based on screening availability and guidelines in different countries and regions.
5. **Advocate for educational materials for health providers on screening and surveillance in those with a family history of colorectal cancer or polyps.**
In approximately 25% of individuals with colorectal cancer, a family history is present and indicative of a potential genetic susceptibility for the disease. Known hereditary cancer syndromes, which place people at high risk, include hereditary nonpolyposis colorectal cancer (HNPCC, or Lynch syndrome), familial adenomatous polyposis (FAP), attenuated FAP, and others. In addition, a family history in close relatives of colorectal cancer or adenomatous polyps may increase an individual's risk, depending on the number and age of the affected relatives. A thorough family medical history, genetic counseling, and implementation of earlier and more frequent screening and surveillance are important to ensure appropriate identification and early detection in individuals at increased and high risk. Therefore, the Network will work collaboratively to advocate for the provision of educational materials for health providers that include information on risk factors; importance of a complete family medical history and genetic counseling; and early screening and surveillance recommendations for individuals who have a familial or hereditary susceptibility to colorectal cancer.

6. Promote the implementation of appropriate provider training and quality standards in colorectal cancer screening.

We must advocate for the appropriate training of professionals to implement effective colorectal cancer screening with the highest quality standards. Therefore, the Network will work together—along with international and national health organizations and leaders—to promote appropriate provider screening training. In addition, the Network will work with national and international organizations and health leaders to promote the identification and evaluation of quality measures in colorectal cancer screening, with the goal of continuous quality improvement.

7. Advocate for and share research in the screening and prevention of colorectal cancer.

The Network will work, on both sides of the Atlantic, to share research information, collaborate in research efforts, and promote research efforts dedicated ultimately to increasing screening for colorectal cancer.