VARIATION IN SCREENING STRATEGIES... 
FROM VOLUNTARY GUIDELINES (UK) 
MULTIPLE NATIONAL GUIDELINES 
(FRANCE AND GERMANY) 
TREATMENT PATHWAYS (FRANCE 
AND ITALY) AND ONLINE ONCOLOGY 
DATABASES (NETHERLANDS AND 
FRANCE)

REPORTED PARTICIPATION RATES FOR 
COLORECTAL CANCER (CRC) SCREENING 
PROGRAMMES VARY FROM 20% 
(CROATIA) TO 70% (FINLAND)

DISPARITIES IN PROVISION EXISTS 
ACROSS REGIONS WITH 71.6% OF 
NORTHERN ITALIANS HAVING ACCESS 
TO CRC SCREENING VERSUS 7% OF 
ITALIANS IN THE SOUTH

PERCENTAGE OF POPULATION 
SCREENED FOR CRC VARIES FROM 2.6% 
IN MALTA TO 54.2% IN GERMANY WITH 
DATA LACKING FOR MUCH OF EUROPE

SCREENING IS NOW COMMON 
PRACTICE IN HIGH RISK 
GROUPS AND PREGNANT 
WOMEN ACROSS EUROPE

DISPARITIES IN Provision EXISTS 
ACROSS REGIONS WITH 71.6% OF 
NORTHERN ITALIANS HAVING ACCESS 
TO CRC SCREENING VERSUS 7% OF 
ITALIANS IN THE SOUTH

HEPATITIS SCREENING PROGRAMMES... 
SCREENING IS NOW COMMON 
PRACTICE IN HIGH RISK 
GROUPS AND PREGNANT 
WOMEN ACROSS EUROPE

CURRENTLY NO EUROPE-WIDE 
CONSSENSUS OVER SCREENING FOR 
HIGH-RISK GENETIC GROUPS

DEMAND FOR SCREENING PREDICTED 
TO RISE WITH AGEING POPULATION

MUCH OF EUROPE WILL BE ILL 
EQUIPPED TO FUND AND RESOURCE 
MORE WIDESPREAD SCREENING 
PROGRAMMES AND SUBSEQUENT 
INCREASES IN ENDOSCOPIC AND 
CANCER SERVICES