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LETTER TO EDITOR

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RETHINKING ANTICANCER SCREENING STRATEGIES SAVING LIVES AT FRONT LINE. RESULTS FROM SESy_EUROPE TASK FORCE

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Major advances in anticancer medical therapies have been performed in last decades, and the potential impact on survival of the new chemotherapeutical, anti-angiogenic and biological molecules had been clearly discussed in literature.

Despite the availability of new therapeutical agents is quite homogeneous among the two continents, comparison of SEERS and EUROCARE databases evidenced US *vs.* European cancer survival advantages, particularly when colorectal malignancies were considered [1, 2]. Correction for stage at diagnosis consistently reduced colorectal survival differences and the reduction was substantially unrelated to the European geographic area analyzed, thus confirming that treatment modalities may be almost uniform between the two continents.

Since early diagnostic procedures might be much less available in Europe than in USA [1], the presence of a diagnostic screening-related bias was hypothesized to explain the observed survival difference. Deficiencies in European cancer screening guideline implementation and inadequacy of screening test advising in primary care setting have been highlighted in literature [3–9].

Monitoring of early diagnostic procedures is consequently required in order to tailor a comprehensive European health-policy planning.

Furthermore, the European health sanitary systems are not homogeneous due to the different economic backgrounds and the different languages spoken in each nation. In order to bridge the European cancer screening experiences in a comprehensive standardized survey of screening patterns an international task force was developed. All network and project planning was directed from the PACMeR of Athens (Pan-Hellenic Association for Continual Medical Research), and at present it involves 14 centers in 9 European Nations.

In 2004 the group presented preliminary results: SESy_Europe database (Screening Evaluation System — Europe) [10, 11] a multilanguage 3-components database dedicated to cancer screening monitoring among European countries.

Database is focused on major "malignant killers" and preventable malignancies (breast, cervical, colorectal, lung, urinary tract, skin and prostate cancer early-detection practices) and targeted to the analysis of both cost-effective (e.g. mammography, Papanicolaou smear, stool occult blood test) and not-recommended procedures (e.g. full chest radiography, urinalysis).

Table. Actual profile of Sesy Europe Database: analyzed variables organized by category (socio-demographic elements, cancer related risk factors, over-practice patterns, practice patterns); standardized translation in 10 languages; PHE – Periodic Health Examination

SESy Europe Database profile			
Sociodemographic elements	Age and gender Education Family status Profession Provenance Urban area	Personal risks	Body mass index Cancer family history Disease history Gynecological profile Height and weight Insurance coverage PHE rate Solitude Skin type
Behavioral risk factors	Alcohol Diet Sun exposure Tobacco		
Screening over-practice patterns	Blood count Chest X-Rays Prostate cancer Urinalysis	Screening practice patterns	Breast cancer Cervical cancer Colorectal cancer Skin Cancer
Languages	o Bulgarian o English o French o German	o Greek o Italian o Polish o Romanian	o Russian o Spanish o Turkish

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Abbreviations used: EUROCHIP – European Cancer Health Indicator Project; PACMeR – Pan-Hellenic Association for Continual Medical Research; SESy_Europe database – Screening Evaluation System – Europe; PHE – periodic health examination.

Software has already been tested in Greece for its feasibility in recording and data storing. A nationwide sample of more than 6.500 Hellenic individuals had been registered in the database and related data will be soon released to medical literature. Standardized pre-codified translations (ID-related) of 2,331 parameters had been adjourned for all the basic eight languages of the database, and translation in Bulgarian, Polish and Russian has been added. The database had been proposed to the Steering Committee of the EUROCHIP (European Cancer Health Indicator Project) [12] and it is under evaluation for its application in the wider Europe (since the Panhellenic Association for Continual Medical Research PACMeR-ΠΕΔΙΕ is a non-profit medical association, the database will be provided free of charge). The actual profile of the database is presented in the table.

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