

The contribution of the European Association for the Study of the Liver (EASL) to the European Commission Council Recommendation on Cancer Screening

By February 2022, the European Commission will have made a proposal to [update the Council Recommendation on cancer screening](#), to ensure the latest available scientific evidence is reflected in it. An important question to be answered by the Scientific Advice Mechanism is: “What is the main scientific basis extending such screening programmes to other cancers, e.g. lung, prostate, and gastric cancers, and for ensuring their feasibility throughout the EU?”

The European Association for the Study of the Liver (EASL) aims to contribute to answering this question by stressing the necessity of extending screening programmes to liver cancer, notably for a well-defined population of people at risk of developing liver cancer.

There is strong scientific evidence that liver diseases – such as viral hepatitis, alcohol-associated and non-alcohol-associated fatty liver disease, and autoimmune and rare genetic liver diseases – are the main drivers of liver cancer in the EU. Of all patients with liver cancer, 80–90% have an underlying chronic liver disease. Early detection and treatment of these liver diseases, however, can effectively prevent liver cancer from developing.

Unlike other solid cancers, for which the incidence is either stable or declining, liver cancer is on the rise and rapidly becoming a global health burden. An estimated 905,677 cases occurred in 2020.

Between 1990 and 2019, in the EU there has been a 70% increase in liver cancer-related mortality, and it is also the sixth most frequent cause of cancer-related deaths globally. The increasing incidence of liver cancer is at least partly due to a lack of strategies – to prevent, diagnose early, and treat the underlying trigger of liver cancer, namely chronic liver disease. This is especially concerning as most liver diseases are either highly preventable or can be effectively treated and the at-risk population can be easily identified. How effectively and impressively the population-based incidence of liver cancer can be reduced has already been demonstrated: by hepatitis B vaccination programmes, as well by hepatitis C screening and early treatment programmes.

Further more, liver cancer screening is in line with the requirements of the World Health Organization’s broader recommendations for cancer screening programmes in Europe. Liver cancer can be detected at preclinical stage, effective treatment is available, and early diagnosis positively affects outcomes. Suitable, affordable screening tests and effective treatment are available. Screening programmes are urgently needed across Europe.

In its Open Letter on liver cancer care and prevention, addressing the EU institutions, EASL is asking the EU and Member States to add liver cancer to their screening programmes, at least for patients with underlying factors. To date, [the Open Letter](#) has been endorsed **by 194 relevant health organisations** and **signed by 1,530 individuals**.

Ursula von der Leyen, President of the European Commission, [showing her support](#), recently stated: “The European Association for the Study of the Liver has been dedicated to countering liver disease for over fifty years. It is a major health threat in Europe, but is often diagnosed too late. Worldwide it is on the rise.”



EASL, on behalf of the scientific, liver health community, is thus urging the Scientific Advice Mechanism to consider including liver cancer in extended screening programmes.