



EUROPEAN UNION

Prevention and Early Detection: Shifting the Trajectory. Focus on innovative early detection approaches



5 years Cancer Mission:
Stronger Through Connection

BRUSSELS
29 SEPTEMBER – 01 OCTOBER



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ONCOSCREEN project

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ONCOSCREEN A European shield against colorectal cancer

Target: 65% Reality: 36%*

The European guideline for colorectal screening participation, and the European average.

01

More accurate tests, earlier

From faecal to blood and breath, alongside FIT. A breath test can cost around €3.

02

Better risk stratification

One score, three uses:
behavioural, clinical and location-aware policy action

03

Juniors who mature faster

AI-supported training on expert-annotated cases, so juniors reach senior level sooner

Detecting earlier is progress. Knowing whether we reach everyone is the harder half.

Map the inequalities · Measure whether policies work · Fix the invitation

ONCOSCREEN · 4 non-invasive tests · 4,100 participants · 15 sites · 10 countries · Horizon Europe GA No. 101097036

* In 14 Member States, most people in the eligible age group have never been screened. Sources: European Commission guidelines; OECD/EU Health at a Glance: Europe; ONCOSCREEN white paper on barriers to CRC screening adoption.



Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or the European Health and Digital Executive Agency (HADEA). Neither the European Union nor the granting authority can be held responsible for them.



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Practical implementation of screening guidelines

30 September 2026
Silvia Deandrea



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From European guidelines to Italian guidelines





The National Guideline System

recommends that scientific societies use adoption of high-quality international guidelines: “GRADE-ADOPTION” of guidelines, expressing the combined use of adoption, adaptation, and de novo recommendations to provide trustworthy guidelines

ADOLOPMENT

ADOPTION

- The strength and direction of the recommendation are not modified

ADAPTATION

- The strength and direction of the recommendation may be modified according to local contextual elements that differ significantly from those assessed by the European panel

Breast cancer. AI expands screening and streamlines physicians' diagnostic workload. New Italian guidelines developed by 10 scientific societies



For the first time in Europe, specialists recommend using artificial intelligence (AI) as a first step to select which mammograms should undergo double reading by radiologists and which should undergo single reading. Informatics can help ensure better quality of examination analysis.

For the first time in Europe, specialists identify artificial intelligence as a first-level tool to guide the reading of screening mammograms, selecting which examinations should undergo double assessment and which can be read once by radiologists. This innovation, enabled by advanced information technologies, may improve the overall quality of analysis and allow human resources to be used more efficiently for other clinical activities.

radiologi. Un'innovazione che, grazie all'impiego di tecn

This new approach is defined by the Italian Guidelines on the use of artificial intelligence in breast cancer screening and diagnosis, developed by GISMa (Italian Mammographic Screening Group) together with nine other scientific societies, with methodological support from Cergas and the F. Dondega Centre of Bocconi University and coordination by the National Screening Observatory.



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Lunch break & project showcase



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