

# ICSN Meeting Call for Abstracts & Scholarship Applications

## International Cancer Screening Network (ICSN) 2023 Meeting

Turin - June 21-23, 2023

We are soliciting abstracts of research relevant to the themes of the 2023 International Cancer Screening Network (ICSN) Meeting that will take place in Turin, on June, 21st-23rd. The ICSN meeting will focus on collaborative research that is aimed at identifying and fostering efficient and effective approaches to cancer control worldwide through population-based screening. Abstracts can be submitted referring to the research themes indicated in the table below. The deadline for abstracts submission is **February 25, 2023 h. 11:59 pm CET**. Some scholarship funding is available for early stage investigators.

Call for Abstracts	Scholarship Information
<p>Structured abstracts are limited to 300 words, and are being solicited for the following session themes:</p> <ul style="list-style-type: none"><li>○ Risk-based cancer screening</li><li>○ New technologies and screening tests</li><li>○ Communication issues (the importance of informed decision-making)</li><li>○ Data system (legal framework, experience in data managing, indicators and procedures)</li><li>○ Equity in cancer screening: reaching vulnerable populations</li><li>○ Monitoring, evaluation and Quality Assurance</li><li>○ New emerging screening programme</li><li>○ Integrating primary and secondary cancer prevention</li><li>○ The role of patient and citizen's associations</li><li>○ Impact of Covid-19 pandemic on cancer screening: lessons learned and challenges</li></ul>	<p>Eligibility requirements to receive a travel scholarship award to participate in ICSN 2023 include:</p> <p>Applicant working in low- and middle-income country (as defined by the World Bank - <a href="http://data.worldbank.org/income-level/low-and-middle-income">http://data.worldbank.org/income-level/low-and-middle-income</a>); and,</p> <p>First authorship on an abstract submitted to the ICSN 2023 meeting; and,</p> <p>Research relevant to either organized cancer screening programs or screening within the context of clinical practice.</p> <p><b>Review:</b> The scholarship application review will follow the results of abstract reviews.</p> <p><b>Scholarship applicants with abstracts with highest points will be considered for the awards.</b></p> <p><b>Decisions:</b> ICSN 2023 program chairs will make the final decision on the selection of awardees, based on quality and content of scholarship application and joint benefits to participant and ICSN.</p>

	To apply, please send an email to <b>douglas.puricelliperin@nih.gov</b> with a CV, your address, and two paragraphs totaling 600 words describing why you would like to attend ICSN 2023, and how you expect to use what you learned back at your setting.
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### Guidelines for abstract preparation

- A title that clearly indicates the nature of the investigation needs to be provided.
- Abbreviations should be avoided in the abstract title, but may be used in the text if they are defined at first usage.
- The authors' names (full first names, family names) and places of work (Institution, City, Country) must be shown.
- The abstract should be as informative as possible, stating:
  1. the specific **objective** of the study
  2. the **methods** used
  3. the **results** obtained
  4. the **conclusions** reached

A maximum of 10 authors can be added during submission of your abstract. In case where there are more than 10 authors, please use a group name. Please ensure that your abstract does not contain spelling, grammatical or scientific errors, as it will be published on printed matters exactly as submitted.

### Guidelines for Submission

Abstracts may be submitted only electronically via the Abstract submission web platform. **Abstracts must be submitted by February 25, 2023 h. 11:59 pm CET.**

- Abstracts sent by mail, email or fax will not be accepted.
- Please use Calibri font, size 12
- Please do not use any highlighting
- The length of the abstract should not exceed 300 words excluding author details and headers.
- The abstract should be structured as indicated in the guidelines. One figure can be included.
- Abstracts can be saved in draft status and updated before the deadline.
- The submission system will generate a temporary submission number that must be used in all correspondence. If you do not receive this number immediately after your submission by email, it means that your abstract has not been registered.
- Choose one primary topic listed on the website which best corresponds to the content of your abstract.

**Abstract Submission and Scholarship Application Deadline: February 25, 2023**

For more information on the 2023 ICSN meeting, visit:

To learn more about ICSN, visit: <https://icsn.global/icsn-2023/>

## Description of abstracts' themes

### **1. Risk-based cancer screening**

The goal of risk-based screening is to maximize the benefit (deaths averted from cancer) and minimize the harms of screening (excess screens, false-positives, false negatives, overdiagnosis and overtreatment). Development of risk-stratified screening is becoming a priority, as also suggested by the EU Council, which indicates to offer evidence-based and person-centered cancer screening, using when appropriate a risk-stratified approach. This session will include studies, and reports evaluating interventions focused on barriers and facilitators for implementing risk-based cancer screening programmes, risk prediction accuracy of identified risk prediction models and their effectiveness in risk-based screening programmes, relevant requirements for implementing a risk-based approach within ongoing population programmes including acceptability, feasibility, sustainability and equity issues from the perspective of health professionals and patients.

### **2. New technologies and screening tests**

Technology development is making available an increasing number of promising innovative methods, which could potentially improve the impact of screening by favoring participation, improving accuracy of detection and reducing costs. In particular, the opportunity to test simultaneously different types of cancers using biomarkers such as circulating tumor cells, tumor DNA, and other analyses, in blood or other body fluids could represent an innovative approach. New technologies may be beneficial not only to programmes in high-income countries, but also in low- and middle-income countries, by allowing the adoption of more flexible, less intensive and less expensive effective cancer screening methods. Given the rapid development of diagnostic technologies and the diffusion of innovations, also the process of producing and assessing the evidence, which is needed to support their adoption needs to be revised. This session welcomes comparative effectiveness studies of innovative technologies, tests and strategies for cancer screening implementation as well as studies testing innovative methodologies for comparative effectiveness evaluation.

### **3. Communication issues (the importance of informed decision making)**

For decades, persuasive techniques have been used to communicate about cancer screening with the aim of maximizing screening uptake. However, more recently this has shifted to an approach which recognizes the importance for people to be aware of harms, as well as benefits of cancer screening and to make informed decisions about attending or not screening programmes. In this session, abstracts are welcome discussing the importance of informed decision making in cancer screening, facing theoretical and practical aspects of improving communication and supporting informed decision making, describing practical interventions to promote effective communication in cancer screening with different, new and interactive information tools.

### **4. Data system (legal framework, experience in data managing, indicators and procedures)**

Appropriate data systems are needed to run organized screening programmes, including categories of people to be targeted by the screening programmes and data on all screening tests, assessments and final diagnoses, and stages of the detected cancers. For this reason, an adequate legal framework is needed to regulate the comprehensive information systems, to provide regulation of patient rights, consent requirements, institutional

responsibilities, personal data safety, electronic health records, cancer registration, and scientific research and development. This session will collect abstracts presenting and discussing current status of the legal framework for screening worldwide, experiences in data management and linkage for the purposes of establishing systematic monitoring in order to provide feedback to health professionals and subjects targeted for screening about the performance and the quality of the screening services.

## **5. Equity in cancer screening: reaching vulnerable populations**

When talking about cancer, equity is when everyone has an equal opportunity to have access to effective screening tests and get proper assessment, if testing positive, as well as treatment and follow-up after treatment, whenever indicated. Vulnerable populations are groups and communities at higher risk of exclusion from the access to health care services as a result of social, economic, cultural, political and environmental barriers, as well as limitations due to illness or disability. Vulnerable populations include patients who are racial or ethnic minorities, elderly, socioeconomically disadvantaged, underinsured or those with certain medical conditions. Members of vulnerable populations often suffer from health conditions that are exacerbated by unnecessarily inadequate healthcare. This session will include studies of interventions promoted to reduce racial, cultural, and socio-economic disparities and other barriers offering cancer screening to people who have never been screened or face challenges like cost, time constraints, cultural resistance or other factors in order to reduce health inequalities to guarantee equitable routine examinations that require outreach, availability and cultural consideration.

## **6. Monitoring, evaluation and quality assurance**

Screening is a complex multidisciplinary process of care that needs careful coordination of activities across several phases of the pathway from invitation to treatment. Monitoring and evaluation of performance and outcomes is necessary to ensure that screening programmes can achieve the expected benefits, while minimizing potential harms. Quality assurance encompasses activities intended to assure and improve quality at all levels of the screening process, by identifying problems or shortcomings in the delivery of care, designing interventions aimed to overcome these deficiencies and follow-up monitoring of the impact of these interventions, to assess the effectiveness of corrective steps. In this session will include abstract dealing with all aspects of monitoring, evaluation and quality assurance activities in cancer screening programmes.

## **7. New emerging screening programmes**

The introduction of new screening programmes requires step-wise decision-making, combining information about evidence of effectiveness of the interventions and about the balance between benefits and harms and costs. Once evidence exists to support these criteria, implementation research in each country is needed to assess the feasibility, organizational impact, sustainability and equity requirements in the ongoing programmes practice. Available evidence is supporting the effectiveness of lung and prostate cancer screening and also the potential for a favorable impact of gastric and oral cancer screening in some jurisdictions exists. However, uncertainties occur about the optimal approach to translate available evidence into actionable screening protocols to be offered in the context of mass-screening programmes. This session is focused on the discussion of new evidence about new emerging cancer screening, based on contributions providing insight about effectiveness, benefits-harm ratio, economic evaluations and barriers for implementation, as well as on studies reporting preliminary results about these new screening and experiences worldwide.

## **8. Integrating primary and secondary prevention**

Cancer screening may represent an ideal setting for promoting the adoption of healthy lifestyle. The implementation of primary prevention interventions together with screening may also contribute to increase the cost-effectiveness ratio of screening, as it is the case, for example, for lung cancer screening. Studies to date have generally shown that primary prevention interventions conducted on screening participants can promote the adoption of healthier eating habits, have limited effect on physical activity practice or on smoking habits. To enhance their effectiveness, health education programmes should include multiple strategies, integrating and combining models of individual, social, and environmental change. This session collects abstracts describing experiences for the integration of primary and secondary cancer prevention worldwide and testing the sustainability of these interventions in the context of population-based programmes and the maintenance of the changes achieved over time.

## **9. The role of citizen and patient association**

Patients' associations, voluntary organizations, and advocacy groups play an important role in cancer prevention and control programmes to disseminate up-to-date education on cancer prevention, screening, and treatment to the general population, promoting people active participation in decision-making and programmatic phases of care. Therefore, it is significant to involve these organizations in planning and implementation of cancer screening policies, programmes, health services, and research. This session will collect abstracts on the experiences of involvement of citizen and patients' associations and other organizations in cancer screening programmes, of their impact on participation to cancer screening and/or their role in the research and dialogue with policy makers and other stakeholders in planning screening policies.

## **10. Impact of Covid-19 pandemic on cancer screening lessons learnt and challenges**

Many screening programmes have either been canceled or postponed during the COVID19 pandemic emergency. This disruption of cancer screening services had a significant impact on patients, health care practitioners, and health systems. In order to minimize the negative health impact and to recover the activity backlog, different strategies have been adopted in different jurisdictions, including the implementation of prioritization criteria and temporary changes in the protocols. In this session, abstracts are welcome about effects of Covid-19 pandemic on cancer screening programmes, as well as about lessons learnt during the Covid-19 pandemic, which represented also an opportunity to assess innovative approaches to screening, with examples from both low- and high-income countries.

**Screening Network**