

## JOINT STATEMENT

### Priorities for Eliminating Cervical Cancer as a Public Health Problem in Europe

<The Joint Signatories> call for all European Union (EU) and WHO/Europe member states to take immediate action towards fulfilling the ambitious goal of eliminating cervical cancer as a public health problem.<sup>1</sup>

On 17 November 2020, the WHO formally launched the first-ever global effort to accelerate the elimination of a specific cancer type (1). Cervical cancer is an almost entirely preventable cancer thanks to prophylactic vaccination against human papillomavirus (HPV) and screening and treatment of cervical precancers (2).<sup>2</sup>

Despite the availability of several highly effective tools for preventing and controlling cervical cancer, in 2020 alone, more than 341,000 women worldwide were estimated to have died due to this cancer (3). Within the EU-27 member states, approximately 33,000 women and their families receive a diagnosis of cervical cancer and 15,000 women lose their lives annually due to this disease with associated social and economic losses to families, communities and economies (4). With an increasing incidence over time (5), the burden of cervical cancer falls disproportionately on women and families in Eastern Europe and economically and socially vulnerable communities within countries. Nevertheless, *all* countries must take action to improve cervical cancer control.

Considering that almost every life claimed by cervical cancer can be potentially saved by equitable access to safe, evidence-based and effective preventative and treatment strategies, there is no time to lose in striving to achieve the following 2030 cervical cancer elimination targets in Europe:

- 90% of girls fully vaccinated with HPV vaccine by 15 years of age;
- 70% of women screened with a high precision test by 35 and 45 years of age; and

---

<sup>1</sup> The WHO global strategy for the elimination of cervical cancer sets a threshold for elimination of an age-adjusted incidence rate of <4 per 100,000 per year.

<sup>2</sup> For further details, please consult the WHO factsheet on human papillomavirus and cervical cancer: [https://www.who.int/news-room/fact-sheets/detail/human-papillomavirus-\(hpv\)-and-cervical-cancer](https://www.who.int/news-room/fact-sheets/detail/human-papillomavirus-(hpv)-and-cervical-cancer).

- 90% of women identified with cervical precancer or cancer receive treatment and care (6).

Considering that the recently adopted [Europe's Beating Cancer Plan](#)<sup>3</sup> aims to support EU member states in meeting these targets, we *<the joint signatories>* urge policymakers across Europe to embrace the opportunity to eliminate cervical cancer as a public health concern, measured by reducing incidence below 4/100,000 per year, by prioritising the following actions using a comprehensive approach that leaves no-one behind:

### **1. Adopt, communicate and implement evidence-based screening policies**

- a. Evidence shows HPV-based screening is the preferred tool for primary screening for cervical cancer in European countries (7,8). Validated HPV testing should be offered according to existing evidence regarding the eligible age groups and screening intervals, with special attention to women living with HIV (9).
- b. Women found to be positive on HPV test require triage to maximise the benefits and minimise the potential harms from unnecessary investigations and treatment. Policies for triaging women should carefully follow emerging evidence on effective triage algorithms and possible integration of triage biomarkers (10,11).

### **2. Ensure that cervical cancer screening is provided within an organised framework**

- a. Cervical cancer screening should be offered to women in the framework of an organised programme. The programme should be comprehensive and have a governance structure for monitoring and evaluation (12). It should be able to identify and invite women eligible for screening, actively discourage the potential for over-screening of women outside of the organised framework and ensure appropriate triage, diagnosis, and treatment, if required.
- b. Organised programmes offer an efficient method for monitoring and assuring the quality of screening and management, and can respond in a timely way to

---

<sup>3</sup> Accessible at: [https://ec.europa.eu/info/strategy/priorities-2019-2024/promoting-our-european-way-life/european-health-union/cancer-plan-europe\\_en](https://ec.europa.eu/info/strategy/priorities-2019-2024/promoting-our-european-way-life/european-health-union/cancer-plan-europe_en)

innovations and potential adaptations such as e-health tools required to improve the quality of screening.

### **3. Optimise screening coverage, especially in Central and Eastern Europe, intensifying efforts to reach women not responding to the screening invitation**

- a. All women eligible for screening deserve the offer of making an informed choice about participation. Yet too many women, especially those in marginalised settings, face barriers to attend screening services. HPV-based screening offers the benefit of self-collection of samples by the women, which may be a suitable alternative tool for the hard-to-reach women and the preferred approach during the ongoing Covid-19 pandemic (13).
- b. Self-sampling should only be offered within an organised framework and only validated methods should be used. Screening programmes that want to introduce self-sampling should implement pilot studies to define the best delivery method for HPV test as approaches will be very much dependent on the local culture, preference and context (14).

### **4. Ensure treatment of the screen detected precancers and cancers**

- a. Screening alone will not be able to prevent cervical cancer unless the screen detected precancers are appropriately treated. Many women with precancerous cervical lesions can be treated by simple techniques like local surgical excision or ablation.
- b. Stage appropriate treatment of every woman detected to have cervical cancer without any delay should be prioritized in every setting. Quality of care must be at a core of cancer management, so women have the best chances for cure and quality of life.

## **5. Maximise HPV vaccination coverage to reach the 90% target by 2030**

- a. Large variation exists in HPV vaccination coverage rates across Europe, with low rates (or the absence of a vaccination programme) frequently observed in countries with the highest incidence of cervical cancer (15). The momentum of the explicit support from *Europe's Beating Cancer Plan* must be seized to ensure that HPV vaccination is included in the routine vaccination schedule of all countries.
- b. Investments are required into health service and implementation research for strategies to reach under-served population groups and increase and maintain confidence in the HPV vaccine following effective practice for addressing vaccine hesitancy.
- c. Cross-border initiatives to improve the affordability of HPV vaccines should be pursued, particularly to improve access for middle-income countries.

## **6. Update the EU guidelines for cervical cancer control, advising on the integration of elimination services with women-centred approaches**

- a. The initiative to publish an updated edition of EU guidelines for cervical cancer prevention should begin in earnest, if the 2030 targets for cervical cancer elimination are to be met.
- b. The guidelines should address the combined area of primary and secondary prevention, recognising the importance of overcoming inequalities of access to quality assured services in the line with all three of the 2030 targets.
- c. Full consideration should be given to supporting equitable access through free access of vulnerable groups to health services with integration into universal health coverage approaches.

## 7. Empowering women and working closely with civil society

- a. The goal of eliminating cervical cancer provides us with a much needed positive narrative as the world continues to face the Covid-19 pandemic. Patient and advocacy groups will be vital partners in amplifying this message.
- b. Taking action to eliminate cervical cancer provides us with a unique opportunity to re-energise and inspire health professionals by pointing the way to diminish the societal impact of a serious malignant disease. The momentum of the innovations to improve laboratory facilities, information systems and m-Health, as well to improve vaccine confidence, must not be lost.

<*The Joint Signatories*> urge that 17 November is, henceforth, recognised and commemorated as the global day for cervical cancer elimination, which is supported by Europe-wide synchronised campaign to maintain the progress towards cervical cancer elimination.

## Signatories

## Individuals

- MEP Alex Agius Saliba (S&D, Malta)
- MEP Claudia Gamon (RE, Austria)
- MEP Chrysoula Zacharopoulou (RE, France)
- MEP Frances Fitzgerald (EPP, Ireland)
- MEP Hilde Vautmans (RE, Belgium)
- MEP Jordi Cañas (RE, Spain)
- MEP Olivier Chastel (RE, Belgium)
- MEP Sara Cerdas (S&D, Portugal)
- MEP Seán Kelly (EPP, Ireland)
- MEP Sirpa Pietikäinen (EPP, Finland)
- MEP Tilly Metz (Greens/EFA, Luxembourg)
- Prof. Dr. Steven Van Gucht, Head of Viral Diseases, Sciensano
- Dr Sue Sherman, Senior Lecturer in Psychology, Keele University
- Dr Francesca Maria Carozzi, Biologist, University of Florence
- Dr Severien Van Keer, Postdoctoral researcher, University of Antwerp
- Dr Francesco Chierigo, Urology Resident, IRCCS Polyclinic IRCCS Hospital San Martino, Genova, Italy
- Dr Janet Raycheva, Medical Oncology Resident and CancerCare.bg's Content manager
- Dr Amil Družić, MD, Radiation Oncology Resident & ECL Youth Ambassador for the European Code Against Cancer for Bosnia and Herzegovina
- Dr Meritxell Mallafré-Larrosa, Public Health Agency of Catalonia
- Mashkur Abdulhamid Isa, MPH Student, University of Sheffield
- Maša Davidović, PhD-candidate, Swiss Tropical and Public Health Institute
- Helena Vučković, ECL Youth Ambassador for the European Code Against Cancer for Croatia

## Organisations

- Association of Slovenian Cancer Societies
- Catalan Institute of Oncology (ICO)
- Croatian League Against Cancer
- Catalan Federation Against Cancer (FECEC)
- Cancer Society of Finland (CSF)
- Cancer Research UK (CRUK)
- Danish Cancer Society
- European Oncology Nursing Society (EONS)
- European Cancer Organisation (E.C.O)
- Irish Cancer Society (ICS)
- Institute of Oncology Ljubljana
- Norwegian Cancer Society
- Novosanis
- Polish Cancer League (PLWzR)
- Sciensano
- Spanish Association Against Cancer (AECC)
- Turkish Association for Cancer Research and Control
- Union for International Cancer Control (UICC)
- Vaccines Today

**Join us and show your support for our 7 priorities to accelerate Europe's path to cervical cancer elimination [by endorsing our statement!](#)**

- Bianca Wolf, ECL Youth Ambassador for the European Code Against Cancer for Austria
- Lydia van Geloven, Director, Credo Business Generator

**Join us and show your support for our 7 priorities to accelerate Europe's path to cervical cancer elimination [by endorsing our statement!](#)**

## References

1. Das M. WHO launches strategy to accelerate elimination of cervical cancer. *The Lancet Oncology* [Internet]. 2021 Jan 1 [cited 2021 Feb 16];22(1):20–1. Available from: <http://www.thelancet.com/article/S1470204520307294/fulltext>
2. Simms KT, Steinberg J, Caruana M, Smith MA, Lew J bin, Soerjomataram I, et al. Impact of scaled up human papillomavirus vaccination and cervical screening and the potential for global elimination of cervical cancer in 181 countries, 2020–99: a modelling study. *The Lancet Oncology* [Internet]. 2019 Mar 1 [cited 2021 Feb 16];20(3):394–407. Available from: <https://pubmed.ncbi.nlm.nih.gov/30795950/>
3. Sung H, Ferlay J, Siegel RL, Laversanne M, Soerjomataram I, Jemal A, et al. Global cancer statistics 2020: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries. *CA: A Cancer Journal for Clinicians* [Internet]. 2021 Feb 4 [cited 2021 Feb 16];caac.21660. Available from: <https://onlinelibrary.wiley.com/doi/10.3322/caac.21660>
4. Arbyn M, Weiderpass E, Bruni L, de Sanjosé S, Saraiya M, Ferlay J, et al. Estimates of incidence and mortality of cervical cancer in 2018: a worldwide analysis. *The Lancet Global Health* [Internet]. 2020 Feb 1 [cited 2021 Feb 16];8(2):e191–203. Available from: [www.thelancet.com/lancetgh](http://www.thelancet.com/lancetgh)
5. Vaccarella S, Lortet-Tieulent J, Plummer M, Franceschi S, Bray F. Worldwide trends in cervical cancer incidence: Impact of screening against changes in disease risk factors. *European Journal of Cancer*. 2013 Oct 1;49(15):3262–73.
6. Global strategy to accelerate the elimination of cervical cancer as a public health problem [Internet]. 2020. Available from: <http://apps.who.int/bookorders>.
7. Arbyn M, Ronco G, Anttila A, Chris CJL, Poljak M, Ogilvie G, et al. Evidence regarding human papillomavirus testing in secondary prevention of cervical cancer [Internet]. Vol. 30, *Vaccine*. Elsevier Ltd; 2012 [cited 2021 Feb 16]. Available from: <https://pubmed.ncbi.nlm.nih.gov/23199969/>
8. Ronco G, Dillner J, Elfström KM, Tunesi S, Snijders PJF, Arbyn M, et al. Efficacy of HPV-based screening for prevention of invasive cervical cancer: Follow-up of four European randomised controlled trials. *The Lancet* [Internet]. 2014 Feb 8 [cited 2021 Feb 16];383(9916):524–32. Available from: <http://www.thelancet.com/article/S0140673613622187/fulltext>

9. Stelzle D, Tanaka LF, Lee KK, Ibrahim Khalil A, Baussano I, Shah ASV, et al. Estimates of the global burden of cervical cancer associated with HIV. *The Lancet Global Health* [Internet]. 2021 Feb 1 [cited 2021 Feb 16];9(2):e161–9. Available from: [www.thelancet.com/lancetgh](http://www.thelancet.com/lancetgh)
10. Hashim D, Engesæter B, Baadstrand Skare G, Castle PE, Bjørge T, Tropé A, et al. Real-world data on cervical cancer risk stratification by cytology and HPV genotype to inform the management of HPV-positive women in routine cervical screening. *British Journal of Cancer* [Internet]. 2020 May 26 [cited 2021 Feb 16];122(11):1715–23. Available from: <https://doi.org/10.1038/s41416-020-0790-1>
11. Arbyn M, Rezhake R, Yuill S, Canfell K. Triage of HPV-positive women in Norway using cytology, HPV16/18 genotyping and HPV persistence [Internet]. Vol. 122, *British Journal of Cancer*. Springer Nature; 2020 [cited 2021 Feb 16]. p. 1577–9. Available from: <https://doi.org/10.1038/s41416-020-0787-9>
12. Lönnberg S, Šekerija M, Malila N, Sarkeala T, Leja M, Májek O, et al. Cancer screening: policy recommendations on governance, organization and evaluation of cancer screening.
13. Arbyn M, Bruni L, Kelly D, Basu P, Poljak M, Gultekin M, et al. Tackling cervical cancer in Europe amidst the COVID-19 pandemic [Internet]. Vol. 5, *The Lancet Public Health*. Elsevier Ltd; 2020 [cited 2021 Feb 16]. p. e425. Available from: [www.thelancet.com/public-health](http://www.thelancet.com/public-health)
14. Arbyn M, Smith SB, Temin S, Sultana F, Castle P. Detecting cervical precancer and reaching underscreened women by using HPV testing on self samples: Updated meta-analyses. *BMJ (Online)* [Internet]. 2018 Dec 5 [cited 2021 Feb 16]; 363:4823. Available from: <http://dx.doi.org/10.1136/bmj.k4823>
15. Arbyn M, Gultekin M, Morice P, Nieminen P, Cruickshank M, Poortmans P, et al. The European response to the WHO call to eliminate cervical cancer as a public health problem. *International Journal of Cancer* [Internet]. 2021 Jan 15 [cited 2021 Feb 16];148(2):277–84. Available from: <https://onlinelibrary.wiley.com/doi/10.1002/ijc.33189>