



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.¹

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).²

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,

¹ 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.

² 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).

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

Considering that the recently adopted [Europe's Beating Cancer Plan](#)³ 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 detection is the preferred primary screening test 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. Countries should follow the principles of the new WHO guideline for screening and treatment of cervical pre-cancer lesions for cervical cancer prevention (10). The choice of screening algorithm will be dependent on

³ Accessible at: https://ec.europa.eu/info/strategy/priorities-2019-2024/promoting-our-european-way-life/european-health-union/cancer-plan-europe_en

feasibility, training, programme quality assurance and resources in countries. Policies for triaging women should carefully follow emerging evidence on effective triage algorithms and possible integration of triage biomarkers (11,12).

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

- a. Cervical cancer screening should be offered to women via an organised programme. The programme should be comprehensive and have a governance structure for implementation as well as monitoring and evaluation (13). It should be able to identify and invite women eligible for screening, actively discourage the potential for overscreening outside the programme and ensure delivery of 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 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. Yet too many women, especially those in socially and economically challenged settings, face barriers to attend screening services. HPV-based screening offers the benefit of self-collection, which may be a suitable alternative tool for the hard-to-reach women and the preferred approach during the ongoing Covid-19 pandemic (14).
- b. Self-sampling should only be offered within an organised framework and only recommended HPV tests 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 (15).

4. Ensure treatment of the screen detected precancers and cancers

- a. Screening alone will not be able to prevent cervical cancer unless all the screen detected high grade precancers are appropriately treated and followed up. 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 prioritised in every setting. Quality of care must be at a core of cancer management.

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

- a. Large variation exists in HPV vaccination coverage across Europe, with low rates (or the absence of a vaccination programme) frequently observed in countries with the highest incidence of cervical cancer (16). The momentum of *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 during the ongoing 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 disease. The momentum provided by innovations to improve laboratory facilities, information systems and m-Health, and 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

Organisations

1. [Association of Slovenian Cancer Societies](#)
2. [Breakthrough Cancer Research](#)
3. [Catalan Institute of Oncology \(ICO\)](#)
4. [Catalan Federation Against Cancer \(FECEC\)](#)
5. [Cancer Society of Finland \(CSF\)](#)
6. [Cancer Research UK \(CRUK\)](#)
7. [Croatian League Against Cancer](#)
8. [Cyprus Association of Cancer Patients and Friends \(PASYKAF\)](#)
9. [CPO Piedmont – Screening Unit](#)
10. [Danish Cancer Society](#)
11. [Dutch Cancer Society \(KWF\)](#)
12. [Emanuele Cancer Research Foundation Malta \(ECRF\)](#)
13. [EuroHealthNet](#)
14. [European Oncology Nursing Society \(EONS\)](#)
15. [European Cancer Organisation \(E.C.O\)](#)
16. [European Public Health Alliance \(EPHA\)](#)
17. [European Regional and Local Health Authorities \(EUREGHA\)](#)
18. [Foundation Against Cancer Belgium](#)

19. [Hellenic HPV Society](#)
20. [HPV Prevention and Control Board \(HPV Board\)](#)
21. [International Organization for Migration \(IOM\)](#)
22. [Irish Cancer Society \(ICS\)](#)
23. [Irish Cancer Prevention Network \(ICPN\)](#)
24. [Institute of Oncology Ljubljana](#)
25. [Italian Cervical Carcinoma Screening Group \(GISCI\)](#)
26. [League Against Cancer Slovakia \(LPR\)](#)
27. [Lega Italiana Lotta contro i Tumori Milano Monza Brianza](#)
28. [Medicines for Europe](#)
29. [MEPs Against Cancer Interest Group](#)
30. [National Institute of Oncology, Hungary](#)
31. [National Institute of Public Health, Romania INSP \(NIPH\)](#)
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33. [Norwegian Cancer Society](#)
34. [Novosanis](#)
35. [O Fonds](#)
36. [Polish Cancer League \(PLWzR\)](#)
37. [Portuguese League Against Cancer](#)
38. [PRESCRIP-TEC Global Health Unit UMCG](#)
39. [Programma Mattone Internazionale Salute \(ProMIS\)](#)
40. [RIVER-EU](#)
41. [Sciensano](#)
42. [Scottish Government, Digital Health and Care Directorate \(DHCD\)](#)
43. [Spanish Association Against Cancer \(AECC\)](#)
44. [Stand up to Cancer Flanders \(KotK\)](#)
45. [Swiss Cancer League](#)
46. [Taskforce Nederland HPVkankervrij](#)
47. [The Marie Keating Foundation \(MKF\)](#)
48. [The Cyprus Anti-Cancer Society](#)
49. [Turkish Association for Cancer Research and Control](#)
50. [Unicancer](#)
51. [Union for International Cancer Control \(UICC\)](#)
52. [Vaccines Today](#)
53. [Vienna Vaccine Safety Initiative](#)
54. [World Cancer Research Fund International \(WCRF International\)](#)

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109. Dr Dino Mehic, ECL Youth Ambassador for the European Code Against Cancer for Austria
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