

# WOMEN AND CERVICAL CANCER IN THE EU



Promoting Cervical Cancer Prevention

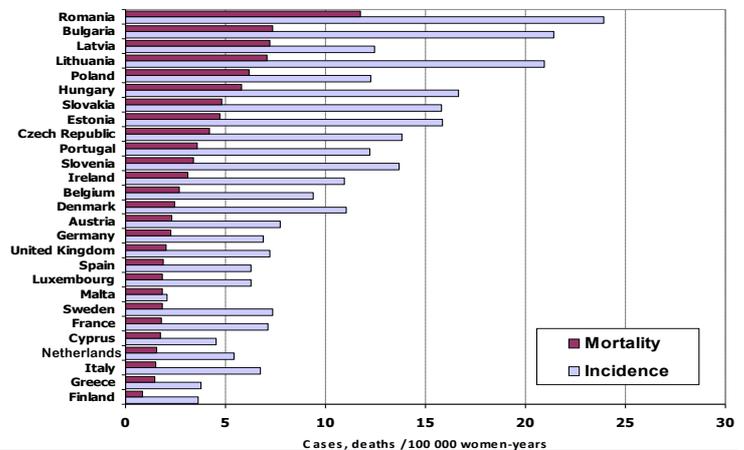
January 2013

## Cervical Cancer Prevalence

Worldwide, cervical cancer is the second most common cancer in women under the age of forty-four. In the EU, 31 300 women develop and 13 600 die from cervical cancer annually with higher rates in new Member States. On average, there are 175 000 women living with cervical cancer in the European Union at any given time.<sup>1,2</sup>

## Cervical Cancer: The Basics

Cervical cancer is caused by persistent infection with high-risk types of the Human Papillomavirus (HPV). Types 16 and 18 cause about 70% of all cervical cancer infections. HPV infections are very common in sexually active women, however most women will eliminate the virus naturally and only a small number go on to develop cervical cancer.



Incidence and mortality from cervical cancer, 2008, EU-27, standardised rate<sup>9</sup>

In most of Europe there has been a steady drop in cervical cancer incidence and mortality over the last decades due to regular organised screening programmes. However, women in low- and middle-income countries and disadvantaged population groups within a country are not so lucky and a similar reduction has not yet been achieved.

Worldwide the situation looks bleak. The WHO estimates that by 2030, cervical cancer is expected to kill 500 000 women per year and over 95% of these deaths are expected to be in low- and middle-income countries and yet this is a cancer that can largely be prevented.

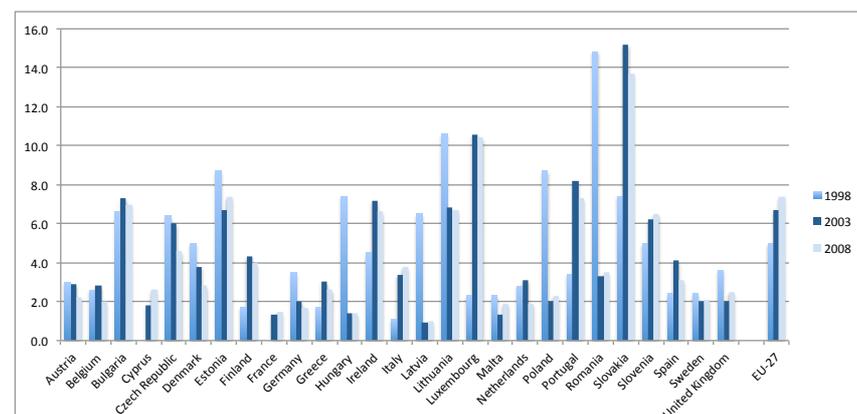
## Cervical Cancer Prevention—An Imperative

Unlike many other cancers, cervical cancer is uniquely preventable and in some countries such as Finland death from this cancer has been greatly reduced. Yet even today across the EU there are great disparities in mortality rates as the above chart shows. Cervical cancer still kills far too many women in eastern EU countries such as Romania, Bulgaria, Hungary, Poland and the Baltic countries of Lithuania and Latvia. This is largely due to unequal access to prevention strategies, which could detect cell lesions caused by the infection, early on through Pap test, before the cancer has a chance to develop. Sadly, this cancer strikes women in their 30s and 40s at a time when many are bringing up young families or concentrating on their careers and enjoying busy lives. The cancer is a huge personal and emotional burden for women, their children, family and friends, as well as placing considerable medical and economic costs on society.

## Disparity in Cervical Cancer Prevention Costs Women's Lives

Today, European women have the unique opportunity to benefit from significant advances in tackling cervical cancer through a two-pronged strategy:

- 1) Organised population-based screening programmes for the early detection of cervical lesions and
- 2) HPV vaccination of adolescent girls, prior to first exposure to the Human Papillomavirus (HPV).



Death due to cervical cancer, standardised death rate by 100,000 female inhabitants, EU-27 (if year data available)<sup>10</sup>

A twin approach of screening and vaccination has the potential to reduce the cervical cancer burden over time. However, guidance is lacking of how Member States can combine traditional screening programmes with HPV vaccination to best effect. Moreover affordability will be the biggest challenge for countries with the highest cervical cancer mortality rates.

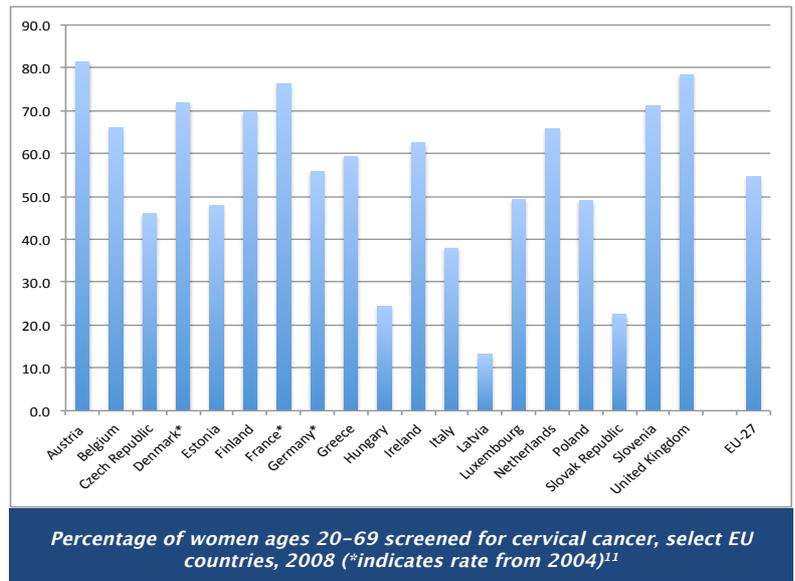
## WOMEN AND CERVICAL CANCER IN THE EU

### Cancer Screening—Council Recommendation

As early as 2003, EU Health Ministers adopted a Council Recommendation on cancer screening. The Council Recommendation signals a shared commitment by EU Member States to implement cancer screening for the early detection of breast, cervical and colon cancer.<sup>3</sup>

The Recommendation has been further complemented by Quality Assurance Guidelines for each of the 3 cancers to ensure that screening programmes are of high quality and cover the population groups at risk.

In 2008 the European Commission published a Screening Report on how Member States have implemented the Recommendation. This revealed a great divergence across the EU-27. Not all countries have set up population based screening programmes, despite evidence that if women are regularly screened with cervical smears/Pap tests, pre-cancerous disease can be detected in the early stage, before it has a chance to develop into cancer.<sup>4</sup> Countries with the highest mortality rates were lacking population based screening programmes.



### European Partnership—Action Against Cancer

The Partnership, a joint action between the Commission, Member States and key stakeholders, has set ambitious targets: 100% screening coverage of the population at risk and new cancer cases to be reduced by 15% by 2020. The Partnership encourages sharing of best practice for prevention, cancer screening, best treatment and care.<sup>5</sup>

Given the great potential for preventing cervical cancer, the future work of the joint action should develop a comprehensive Cervical Prevention strategy that appropriately integrates screening and vaccination with a special focus and support for EU countries that are lagging behind in screening and vaccination.

### HPV Vaccination—A New Tool for Primary Prevention

In 2008 the European Centre for Prevention and Disease Control (ECDC) issued a Guidance document for the introduction of the HPV vaccines in Europe.<sup>5</sup> This was followed in September 2012 with a report to reflect the experience gained from vaccination programmes during the last 4 years, including evidence gathered from research studies.<sup>6</sup>

ECDC Guidance recommends that public health initiatives should continue to focus on vaccinating girls. Routine HPV vaccination should target girls between ages 10-14 before the onset of sexual activity and to be administered in three doses within six months. This requires the support of parents. So far, nineteen European countries (EU and EFTA) have introduced HPV vaccination: Austria, Belgium, Denmark, France, Germany, Greece, Iceland, Ireland, Italy, Latvia, Luxembourg, the Netherlands, Norway, Portugal, Romania, Slovenia, Spain, Sweden and the UK. Some countries have integrated HPV vaccination into their national immunisation schedules. However vaccination coverage rates are sometimes low, ranging from 17% to 84%. Only Portugal and the UK have reported coverage above 80% for the target groups.<sup>7</sup> Affordability of the vaccine appears to be a major hurdle.

ECDC stresses that national screening programmes must be maintained, as HPV vaccination does not eliminate the need for screening, even for women who have been vaccinated. According to ECDC, randomised trials and observations have demonstrated good safety profiles and efficacy against cervical cancer precursors.

ECDC also looked at vaccination of boys as new studies have emerged. However, it concluded that "Vaccinating girls is shown to be more cost-effective than vaccinating boys" and that public health initiatives should continue to focus on vaccinating girls.<sup>7</sup>



## Health Inequalities in Cervical Cancer Prevention

The disparity in cervical cancer screening and prevention is a result of the lack of properly organised prevention programmes and allocation of financial resources. Such programmes, together with effective health education and communication to encourage women to take up the services provided, have the potential to decrease the burden of cervical cancer and ensure more equitable healthcare for all women across Europe and indeed worldwide.

### Steps for Policy Action

1. Urgently revise the Cervical Cancer Prevention Guidelines to include the integration of HPV vaccination and potentially different screening timetables for vaccinated women; involve women's groups in the process to improve communication and increase uptake of screening and vaccination.
2. Provide practical assistance to existing coalitions and networks that support prevention and screening of cervical cancer, particularly in CEE and Baltic countries with high incidence and mortality rates of cervical cancer.
3. Urgently update the European Code against Cancer under the European Partnership - Action Against Cancer to reflect current scientific progress in HPV vaccination.
4. To reduce health inequalities, encourage, support and improve outreach and communication to young girls and women, targeting specifically disadvantaged or hard to reach women, to increase wider screening and vaccination coverage with the view of conquering this most preventable cancer of women.
5. Examine the use of a single EU negotiation mechanism to make HPV vaccination more affordable and to reduce cost as an obstacle to population vaccination programmes.
6. Encourage EU consensus on an efficient model of health technology assessment, instead of the current confusing and costly number of different assessments.

\*A special thanks to our expert reviewers:

- **Ms. Maeve Cusack**, Screening Promotion Manager, National Cancer Screening Services, Ireland
- **Dr. Grainne Flannelly**, Clinical Director of CervicalCheck, National Cervical Screening Programme, Ireland
- **Dr. Marc Arbyn**, Co-ordinator, Unit of Cancer Epidemiology, Scientific Institute of Public Health, Belgium
- **Tenovus**, the Cancer Charity, Wales

## References

1. Arbyn, Castellsague, Ferlay, et al, *Ann Oncol* 2011
2. Boyle, P. & B. Lewin. 2008. *World Cancer Report*. World Health Organization. <http://apps.who.int/bookorders/anglais/detart1.jsp?sesslan=1&codlan=1&codcol=76&codcch=26>
3. European Council. 2003. Council Recommendations of 2 December 2003 on Cancer Screening. <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2003:327:0034:0038:EN:PDF>.
4. International Agency for Research on Cancer. 2008. *European Guidelines for Quality Assurance in Cervical Cancer Screening*. 2nd Edition. [http://screening.iarc.fr/doc/ND7007117ENC\\_002.pdf](http://screening.iarc.fr/doc/ND7007117ENC_002.pdf).
5. EPAAC. 2012 <http://www.epaac.eu/>
6. ECDC. 2012 *Guidance on HPV vaccination: Focus on reaching all girls*
7. ECDC. 2008. *Guidance for the introduction of HPV vaccines in EU countries*. [http://ecdc.europa.eu/en/publications/Publications/0801\\_GUI\\_Introduction\\_of\\_HP\\_Vaccines\\_in\\_EU.pdf](http://ecdc.europa.eu/en/publications/Publications/0801_GUI_Introduction_of_HP_Vaccines_in_EU.pdf)
8. [http://ecdc.europa.eu/en/publications/Publications/20120905\\_GUI\\_HP\\_Vaccine\\_Update.pdf](http://ecdc.europa.eu/en/publications/Publications/20120905_GUI_HP_Vaccine_Update.pdf)
8. Venice 2 HP Survey <http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=19730>
9. Arbyn, Ferlay, *Ann Oncol* 2011.
- 10, 11. OECD. 2010. *Health at a Glance: Europe 2010*. [http://www.oecd-ilibrary.org/social-issues-migration-health/health-at-a-glance-europe-2010\\_health\\_glance-2010-en](http://www.oecd-ilibrary.org/social-issues-migration-health/health-at-a-glance-europe-2010_health_glance-2010-en).

