European Institute of Women's Health

Roundtable Discussion: Equity in Access

6 June 2012: European Parliament, Brussels

Promoting a Cervical Cancer Prevention Strategy for Europe

6 June 2012, European Parliament, Brussels—In celebration of the *European Week Against Cancer*, *Nessa Childers*, MEP from Ireland, Vice President of MEPs against Cancer (MAC), and *Alojz Peterle*, MEP from Slovenia, President of MAC, in conjunction with the European Institute of Women's Health, held a Roundtable entitled, *"Promoting a Cervical Cancer Prevention Strategy for Europe,"* to discuss the need for a multi-pronged European cervical cancer prevention strategy.

Cervical cancer can largely be prevented. Yet, it kills many women in Europe and worldwide. *"Cervical cancer strikes women early in life—during their 30s and 40s—when they are often raising families or focusing on their careers. Cervical cancer is a physical and emotional burden to these women, as well as to their children, family and friends. It largely impacts society through loss of lives as well as medical and economic costs,"* said **Nessa Childers,** Vice President of MAC.

Left to Right: Dr. Gunta Lazdane, Dr. Martin Seychell, Mrs. Jolanta Kwaśniewska, Mrs. Hildrun Sundseth, Dr. Marc Arbyn,

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 this 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.

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Keynote Speaker

Dr. Martin Seychell
Deputy Director General, DG Health & Consumer, European Commission

Guest Speakers

Dr. Gunta Lazdane
Programme Manager, Sexual and Reproductive Health, Division of Noncommunicable Diseases and Health Promotion, WHO/Europe

Dr. Grainne Flannelly
Clinical Director of CervicalCheck, National Cervical Screening Programme, Ireland

Dr. Marc Arbyn
Co-ordinator, Unit for Cancer Epidemiology, Scientific Institute of Public Health, Brussels, Belgium

A Message from the Co-Chairs

Nessa Childers MEP and Alojz Peterle MEP

Disparity in Cervical Cancer Prevention Cost Women's Lives— Cervical screening and prevention practices vary greatly between countries. More vigorous efforts are necessary to move towards European-wide population coverage.

In some new Member States, the incidence and mortality rates from cervical cancer are double those seen in the EU-15. This disparity is a result of a lack of properly organised prevention programmes and allocation of financial resources. Prevention programmes, coupled with effective health education and outreach to the women concerned, have the potential to decrease the burden of cervical cancer and ensure more equitable healthcare for all women across the EU.

In the present economic climate of tight healthcare budgets, cost is a major reason why countries hesitate to invest in cervical cancer prevention. It can be difficult to raise the necessary political will to invest in prevention at a time of budgetary constraints.

We politicians are challenged to find a solution. Potential support could come from use of the European structural fund to support countries with the highest cervical cancer rates to enable them to set up the necessary infrastructures for screening. These solutions, however, require Member States to make prevention of cervical cancer a national priority. Women themselves must also be encouraged to utilise established screening services. In some cases, special efforts are needed to overcome socio-economic, cultural, religious or emotional barriers to reach out to all women at risk.

http://www.nessachilders.ie/
http://www.peterle.eu/

A Message from the Patron of the EIWH

Mrs. Jolanta Kwaśniewska

Preventing Cervical Cancer is within Reach—Today, European women have the unique opportunity to benefit from significant advances to tackle cervical cancer through a two-pronged strategy: organised population-based screening programmes for the early detection of cervical lesions and vaccination programmes for protecting adolescent girls against the Human Papillomavirus (HPV) prior to first HPV exposure.

Yet, not all women across the EU-27 are benefiting from best practice, and this cancer remains a major cause of death for women in CEE countries Romania, Bulgaria, Hungary, and the Baltic States. Analysis of European cervical cancer data shows that the death rate was highest in Lithuania and lowest in Finland. In my country, Poland, annually over 4 000 women are diagnosed with cervical cancer of whom 2 000 will die. We call on policy makers and politicians to act now and to implement organised population screening and affordable vaccination programmes to avoid needless suffering and death.

About the EIWH

Setting the Agenda in Women's Health

Founded in 1996, the European Institute of Women's Health (EIWH) is a non-governmental organisation aiming to promote gender equity in health, research and social policies to increase the quality of women's lives across Europe.

To achieve the highest standard of health for all, society's health policies must recognise that women and men—due to their biological differences, access to resources and gender roles—have different needs and face different obstacles and opportunities, which require a gender-sensitive approach.

The EIWH uses evidence-based arguments to influence the policy environment. Over the years, the EIWH has worked closely with the European Commission, Member States and the World Health Organization to place gender on the health and research agenda. Last year, the EIWH was part of the ENGENDER Project, co-funded by DG Sanco, which highlighted the need for increased knowledge about effective policies and actions to improve gender-equity within health systems in Europe.

The EIWH Objectives are:

- promote health throughout the life-span in women and their families.
- ensure quality and equity in health and research policy, treatment and care for all.
- draw the attention of policy makers to the obstacles that face vulnerable and disadvantaged socio-economic groups in obtaining a desirable health status.
- empower individuals to play an active part in being fully engaged in their own health.
- campaign for sex and gender-specific biomedical and socio-economic research.

For more information, visit:
http://www.eurohealth.ie/
http://www.engender.eurohealth.ie/

European Code Against Cancer

During the European Week against Cancer, which aims to encourage healthy lifestyles and promote cancer prevention in various population groups, it is timely to highlight the European Code Against Cancer.

Many aspects of general health can be improved, and certain cancers avoided, if you adopt a healthier lifestyle:

- Do not smoke; if you smoke, stop doing so. If you fail to stop, do not smoke in the presence of non-smokers.
- Avoid obesity.
- Undertake some brisk, physical activity every day.
- Increase your daily intake and variety of vegetables and fruits: eat at least five servings daily. Limit your intake of foods containing fats from animal sources.
- If you drink alcohol, whether beer, wine or spirits, moderate your consumption to two drinks per day if you are a man and one drink per day if you are a woman.
- Care must be taken to avoid excessive sun exposure. It is specifically important to protect children and adolescents. For individuals who have a tendency to burn in the sun active, protective measures must be taken throughout life.
- Apply strictly regulations aimed at preventing any exposure to known cancer causing substances. Follow all health and safety instructions on substances, which may cause cancer. Follow advice of national radiation protection offices.

There are public health programmes that could prevent cancers developing or increase the probability that a cancer may be cured:

- Women from 25 years of age should participate in cervical screening. This should be within programmes with quality control procedures in compliance with European Guidelines for Quality Assurance in Cervical Screening.
- Women from 50 years of age should participate in breast screening. This should be within programmes with quality control procedures in compliance with European Guidelines for Quality Assurance in Mammography Screening.
- Men and women from 50 years of age should participate in colorectal screening. This should be within programmes with built-in quality assurance procedures.
- Participate in vaccination programmes against Hepatitis B Virus infection.

European Code Against Cancer: http://www.cancercode.eu/

European Partnership—Action Against Cancer

Cancer is the second biggest cause of death in Europe. One third of cancer cases could be prevented. In an effort to reduce the cancer burden in Europe, the European Commission launched the European Partnership—Action Against Cancer (EPAAC) in September 2009.

EPAAC, a joint action between the Commission, Member States and key stakeholders, aims to achieve 100% population cancer screening coverage by the end of 2013 and a reduction of new cancer cases by 15% by 2020. EPAAC encourages Member States to share best practice for improved cancer treatment and care for those cancers that cannot be prevented.

In the cervical cancer field, these efforts are welcome. A twin approach of screening and vaccination would provide a great opportunity to reduce the burden of cervical cancer further over time. However, currently guidance is lacking of how Member States can combine traditional screening with HPV vaccination to best effect and stay affordable at the same time.

The EIWH advocates for the development of a comprehensive European Cervical Cancer Prevention strategy that appropriately integrates screening and vaccination and includes user groups in the process. This should be part of the future work of EPAAC.

European Partnership—Action Against Cancer: http://epaac.eu/

EU Action on Cervical Cancer

Dr. Martin Seychell
Deputy Director General, DG Health & Consumer, European Commission

Cervical cancer is an issue of concern in the EU. The burden of cervical cancer is higher in the newer EU Member States, with the exception of Malta, Cyprus and Slovenia. The estimated incidence in 2008 was eleven times higher in Romania than in Malta, and the death rate was seventeen times higher in Romania than in Italy. National authorities and policy makers need to be more aware of the impact that cervical cancer has on society. The fact is that cervical cancer primarily affects young women who are at the prime of their lives. *The European Union shares a common commitment to ensuring proper screening for breast, cervical and colorectal cancer, as set out in Council Recommendation of 2 December 2003 on cancer screening (2003/878/EC).*

Mr. Seychell highlighted the important commitment Member States had made in signing off on the Council Recommendation. In the cervical cancer field, European Guidelines for organised screening programmes were produced as benchmarks for establishing mechanisms for quality screening and monitoring standardised measures. The latest set of Quality Assurance Guidelines for cervical cancer screening was published in 2008.

Well-organised programmes that achieve high coverage and include effective follow-up and treatment of women with abnormal cytology test results have proven to reduce incidence by over 80%. Such organised programmes are more successful than opportunistic screening in reaching the at risk women. Importantly, such programmes are also more cost-effective.

The Commission will continue supporting the Member States by facilitating the exchange of information, by providing up-to-date scientific guidance and by strengthening immunisation programmes through the monitoring of routine vaccination coverage. However, the introduction of organised screening programmes in areas where these do not yet exist remains a high priority.

Within the context of the European Partnership for Action Against Cancer, launched in 2009, a network of European Schools of Screening Management will be set up, dedicated to capacity building for implementation and improvement of population-based cancer screening programmes. A two-week course, developed by experts, will be piloted in November 2012.

In addition to the Partnership, the "AURORA" project, financed under the Commission's Health Programme, aims to identify a common and feasible strategy for promoting Cervical Cancer Screening in the new Member States by targeting women between the ages of 30 and 69 years as well as ensuring the coverage of hard to reach groups.

While the recent availability of the HPV vaccine offers a new, complementary tool to improve the control of cervical cancer, it does not replace the need for screening, even for women who have been vaccinated. In 2007, the Commission discussed with Member States the areas in which the Commission could support them in regards to HPV vaccines. Following their feedback, the Commission set up a web-based platform where officials in charge of immunisation policy can exchange information.

Member States also asked for the development of scientific guidance to enable an evidence-based approach towards implementation of HPV vaccination. The European Centre for Disease Prevention and Control (ECDC) published such guidance in 2008 and is currently in the process of updating this.

Three surveys on HPV vaccination have been carried out by the VENICE network—a project which was co-funded by the EU Health Programme. According to the 2010 survey, seventeen Member States reported having integrated HPV vaccination in their national immunisation programme.

Finally, Mr. Seychell reminded his audience that in the field of prevention and health promotion, the **European Code Against Cancer** (see page 3) is the main instrument used to disseminate prevention messages targeted at population groups. The European Week Against Cancer (EWAG) was an opportunity to highlight this important policy tool. He was pleased that the Cervical Cancer Prevention Roundtable was making a notable contribution to EWAG.

For More Information:

Directorate General for Health & Consumers:
http://ec.europa.eu/dgs/health_consumer/index_en.htm/

Reducing Inequalities in Cervical Cancer across Europe

Dr. Gunta Lazdane
Programme Manager, Sexual and Reproductive Health, Division of Non-communicable Diseases and Health Promotion, World Health Organization Regional Office for Europe

Dr. Lazdane stated that despite many on-going activities to reduce cervical cancer, it remained a challenge in many European countries, which resulted in inequalities across the EU-27 and the WHO European Region of 53 countries.

Unlike other cancers, cervical cancer is unique; it is almost completely preventable since we have the scientific evidence and the tools for effective prevention. *"Why then have we not moved forward in implementing primary and secondary prevention programmes to eliminate this disease? "* she wondered. Some of the major challenges in the larger WHO European region are that many countries do not have organised cancer screenings, lack data on cervical cancer incidence and do not use the WHO health network reporting mechanism.

Even across the EU 27, there are enormous disparities in mortality rates from cervical cancer. Finland, for example, has a low mortality rate thanks to a well-organised cervical cancer prevention programme and a very comprehensive cancer registry. On the other end of the spectrum are Romania, Lithuania and Latvia, which have the highest cervical cancer death rate. Thus the EU faces many challenges in relation to the accession countries bringing their own individual situation regarding cervical cancer prevention.

In the WHO European Region, the contrast was even greater. For example, Iceland, a small country with a population of approximately 300 000, has a well-organised cervical cancer screening programme whose effectiveness has been evaluated to define optimal age limits and screening intervals. The situation is the opposite in Croatia and the former Yugoslav Republic of Macedonia, where there are very high incidence and mortality rates.

In many countries, HPV vaccination is included in the vaccination calendar as part of organised vaccination programmes. However due to low vaccination coverage rates in some countries like Latvia, the benefit is not yet evident. Vaccination coverage has to reach 70% of the target population group to have a public health impact. In many countries of the WHO European Region, HPV vaccination is accessible only for those who can afford it as all expenses are to be covered by the patient.

Dr. Martin Seychell, Lillian McGovern, Dr. Gunta Lazdane

Coverage of cervical cancer screening varies significantly among countries and is of major concern. Often data are not available, but surveys show that the prevalence of cervical cancer screening among women of reproductive age that have sexual experience may be as low as 43% (Republic of Moldova, 1997) or even less than 5% (Azerbaijan, 2001; Georgia, 2005). Often this happens due to a lack of understanding of the importance of screening and misconception that outside pregnancy women have no need for screening.

The WHO has been supportive of countries that have had slow progress in implementing cervical cancer prevention. For example, WHO experts discuss with and provide guidelines and tools to ministries that are developing or implementing screening programmes. The WHO also holds various high level meetings with interested stakeholders to ensure that cervical cancer prevention is on the political agenda.

Dr. Lazdane argued that public health strategies need to be well-developed and tailored to the unique needs of an individual country to be effective. For example, Germany with its federal structure is different from Denmark. EU health systems and health-care delivery are organised and financed in different ways. These structural differences affect the manner and extent to which cervical cancer prevention programmes are introduced and implemented. Dr. Lazdane concluded by calling for the removal of barriers, which prevented marginalised and hard to reach groups of women benefiting from cervical cancer screening.

World Health Organization Regional Office for Europe: http://www.euro.who.int/en/home/

Cervical Cancer Control in Ireland—A Programme of Change

Dr. Grainne Flannelly
Clinical Director of CervicalCheck, National Cervical Screening Programme, Ireland

Cervical cancer differs from many other cancers as it affects a younger age group - women busy with building careers, young mothers bringing up families. Due to the pivotal role that women play in society, this left not only the women and their family bereft but also constituted a loss to society

In Ireland, cervical cancer is the 9th most commonly diagnosed cancer and the 12th most common cause of death in women. Irish cervical cancer control includes three aspects: primary prevention through vaccination; secondary prevention through the CervicalCheck screening programme; early diagnosis through a refined referral pathway for women with symptoms. The evolution of cervical cancer control in Ireland had a long gestation, starting in 1996 with the report of the Department of Health Cervical Screening Committee to the establishment of CervicalCheck the National Cervical Screening Programme in 2008. In 2010, the HPV school vaccination programme was established and, finally, in 2012, HPV testing was introduced for women post treatment.

"What is needed as a point of urgency is a single EU negotiation for affordable vaccination to minimize cost as an obstacle to population vaccination programmes."

The national HPV vaccination programme targets all girls in 1st year of second level schools (ages 12-13) in a school-based programme to ensure high vaccine uptake. In addition, it includes a catch up programme for all girls who are in 6th year of second level school (ages 17-18) as of September 2011.

Dr. Flannelly explained the key components for a successful screening programme—**coverage, organisation and quality assurance.** Most importantly, programmes must get women to present for testing.

In order to encourage participation, a communication strategy was needed to effectively engage women in the process. A combined approach of raising awareness through national and regional advertising; providing education and training to health professionals and community groups; and capacity-building in regions to encourage women to attend was necessary. The National Cancer Screening Service developed a health promotion approach to improve uptake among hard-to-reach women. This was based on a review of the evidence and in consultation with key stakeholders working in the area of women's health, community development, health promotion and health inequalities in Ireland.

The literature search and the consultation process confirmed that working collaboratively with community partners, health professionals and the screening population in a multi-faceted approach is critically important to the success of interventions to promote cervical screening. However, the over 50s group—the cohort with the lowest attendance rate—needs further examination to determine how to encourage their attendance.

Mrs. Jolanta Kwaśniewska, Mr. Alozj Peterle MEP

To assure quality, Ireland tries to integrate and analyse information from all aspects of the programme—from the smear taker to cytology, colposcopy, HPV testing and HPV vaccination. **The first round from 2008 to 2011 is believed to have achieved its target of reaching 60% of 1.1 million women in Ireland aged 25 to 60. Round two will move to the ambitious target to achieve 80% coverage.**

The waiting list for CervicalCheck colposcopy has decreased from 1482 women in 2009 to **none** in 2011 through a focused quality improvement project.

Dr. Flannelly concluded that the Irish programme will require further changes once the girls that have been vaccinated reached age twenty-five. Thus, within five years the organisation of cervical cancer prevention may be out-dated due to further advances. For vaccinated individuals a new approach may include HPV testing.

CervicalCheck, National Cervical Screening Programme:
http://www.cervicalcheck.ie/

Burden of Cervical Cancer: Contrast between East and West of Europe

Dr. Marc Arbyn
Co-ordinator, Unit for Cancer Epidemiology, Scientific Institute of Public Health

In 2008, there were 31 300 cervical cancer cases and 13 600 cervical cancer deaths in the EU. Across the EU, cervical cancer is generally decreasing. However, in certain EU countries with the highest burden, particularly those in Eastern Europe like Romania and Bulgaria, incidence is increasing.

Dr. Arbyn highlighted that *The European Council Recommendation on Cancer Screening* (2003), recommends organised population-based screening with pap smears starting at ages 25 to 30 years, stopping at ages 60 to 65 years. According to the recommendations, screening should be offered in organised programmes that include monitoring at all levels, including invitation, participation, screen test results, management of screening, registration and data-linkage evaluation of quality and impact. However, large variation in organisation and design of programmes exists across the EU.

Roundtable Delegates

Dr. Arbyn went on to say that population coverage is the main factor of success in cervical cancer screening programmes. High screening coverage (70-80%) is reached in the organised programme of Finland, whereas low coverage is noted in Romania, where screening is mainly opportunistic. The coverage rates are not known in all Member States. Based on examination of existing systems and data, organised screening is in principle more effective than opportunistic screening. However, less efficient opportunistic screening dominates throughout the EU.

EU support is needed to monitor screening indicators and help encourage Member States to introduce population-based screening. Screening coverage, Dr. Arbyn said, should be the main target for action and of research funding.

Recent data from large trials indicate that screening for DNA of HPV is more effective in preventing cervical pre-cancer and cancer than cytology. However, HPV screening is less specific, in particular, among young women. HPV screening should only be offered for women older than 30 years and only implemented in settings with organised screening. European guidance on introduction of HPV screening will soon be ready.

HPV vaccination is highly effective in girls/young women not yet exposed to the virus. It also has a protective effect in older women and boys if non-infected. The vaccine protects against vulvar, vaginal and anal pre-cancer and may have a protective effect against certain head and neck cancers.

Roundtable Delegates

HPV vaccination implementation varies across the EU. Most EU countries with a high burden of cervical cancer have no HPV vaccination programme. HPV vaccination coverage is poorly documented throughout Europe. There appears to be a link between non-attendance to screening of mother and non-HPV vaccination of daughter.

In conclusion, Dr. Arbyn argued that the EU needs to update the current cervical cancer guidelines, which should include the integration of HPV vaccination and a consensus on an efficient model of health technology assessment. Dr. Arbyn congratulated Ireland on setting a very good example of to how to integrate screening and vaccination programmes in a most effective way. He also called for international collaboration on actions to make cervical cancer a rare disease in Europe and worldwide.

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The Scientific Institute of Public Health: https://www.wiv-isp.be/

ROUNDTABLE CONCLUSIONS

Steps for Action

The disparity in cervical cancer screening and prevention programmes 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.

The introduction of the HPV vaccines for adolescent girls means that cervical cancer and some other genital cancers could be prevented from starting. In 2008, the European Centre for Prevention and Disease Control (ECDC) issued a Guidance document for the introduction of the HPV vaccines in EU countries. An important finding is that vaccinating adolescent girls against the HPV virus is likely to reduce the number of women who develop cervical cancer in the future. However, national screening programmes must be maintained as HPV vaccination does not eliminate the need for screening, even for women who have been vaccinated.

The ECDC report finds that vaccination and screening for cervical cancer are complimentary tools and both approaches must continue to be evaluated for its ability to reduce the burden of cervical cancer. As the vaccines are a new element in the cervical prevention scheme, evidence has to be gathered and evaluated as to the efficacy, benefit and adverse effects, if any, and how vaccines could fit together with screening programmes in a cost-effective way. This is why it is important to intensify work on an up-to-date European Cervical Cancer Prevention Strategy to provide Member States with evidence-based guidance on how through the twining of HPV vaccination with secondary prevention of screening the incidence of cervical cancer can be further reduced and a better coverage of the population groups at risk achieved.

1. Provide practical assistance to existing coalitions and networks that support prevention and screening of cervical cancer, particularly in countries where it is most needed.

2. Continue the European Partnership - Action Against Cancer under the "Health for Growth" programme and target more practical actions at national levels.

3. Urgently update the European Code against Cancer under the present European Partnership - Action Against Cancer initiative to reflect current scientific progress in HPV vaccination.

4. Urgently revise the Cervical Cancer Prevention Guidelines to include the integration of HPV vaccination and screening; involve women's groups in the process to improve communication and increase uptake of screening and vaccination.

5. Encourage EU consensus on an efficient model of health technology assessment, instead of the current confusing and costly number of different assessments.

6. 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.

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