



## **ROADMAP TO ACCELERATE THE ELIMINATION OF CERVICAL CANCER AS A PUBLIC HEALTH PROBLEM IN THE WHO EUROPEAN REGION 2022-2030**

### **RESPONSE FROM THE EUROPEAN CANCER ORGANISATION'S HPV ACTION NETWORK**

#### **Summary of key points**

ECO recommends that the Roadmap should:

- Be broader than cervical cancer elimination – the objective should be the elimination of all the cancers caused by HPV (in line with Europe's Beating Cancer Plan).
- Fully endorse gender-neutral HPV vaccination.
- Recommend catch-up vaccinations for everyone aged up to 26.
- Support HPV DNA testing as the gold standard for cervical cancer screening.
- More strongly recommend self-sampling to increase access to screening.
- Consider the potential of urine testing as another way to improve access.
- Explicitly recommend screening for transgender men.
- Create a Tracker across the region for both vaccination and screening.
- Monitor inequalities in vaccination and screening uptake and take action where necessary.
- Address the needs of migrants and refugees for both vaccination and screening.
- Include young people in vaccine communications.
- Link to other policies, including the WHO Europe men's health strategy.
- Suggest leveraging the Covid-19 infrastructure to increase HPV vaccination capacity.

## Introduction

1. The European Cancer Organisation (ECO) welcomes this opportunity to respond to the consultation by the WHO Regional Office for Europe on the Roadmap to accelerate the elimination of cervical cancer as a public health problem in the WHO European Region 2022-2030.
2. This response is submitted on behalf of ECO's HPV Action Network. This comprises some 45 professional, patient and other organisations with a particular interest in the elimination of all the cancers caused by HPV.
3. There is a clear need for action to tackle cervical cancer in the Region. The draft Roadmap clearly sets out the current gaps in provision in prevention, screening and treatment across the Region. It is unacceptable for an almost entirely preventable disease to continue to affect so many people because of the lack of effective vaccination and screening programmes in many member states.
4. There is much in the draft Roadmap that ECO strongly supports. This response focuses on the issues where we believe the Region can go further and do even better to protect all its citizens against the full range of cancers caused by HPV.

## HPV cancer elimination

5. The Roadmap has been developed as the Region's response to the Global strategy to tackle cervical cancer. However, we strongly believe that the Region is well-placed to be ambitious and seize the opportunity to eliminate not only cervical cancer but also all the other cancers caused by HPV. These are, chiefly, vaginal, vulval, penile, anal and oropharyngeal cancers. There are estimated to be 98,000 cancer cases a year caused by HPV in the European region.<sup>1</sup>
6. In respect of cervical cancer specifically, we believe that, given the resources available throughout much of the European region, the Roadmap should aim to reduce incidence significantly below the global threshold of 4 new cancer cases per 100,000 inhabitants per year. WHO Europe should set a specific, evidence-based and bolder regional target.
7. Europe's Beating Cancer Plan, published by the European Commission (EC) in February 2021, is committed to eliminating all the cancers caused by HPV and we recommend that the Region adopts a similar strategy. There are clear advantages to the WHO Regional Office and the EC collaborating on the implementation of a shared strategy. A synchronised approach is likely to have a far greater impact.

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<sup>1</sup> de Martel C, Georges D, Bray F, Ferlay J, Clifford GM. Global burden of cancer attributable to infections in 2018: a worldwide incidence analysis. *The Lancet Global Health*. 2020 Feb 1;8(2):e180-90. doi: 10.1016/S2214-109X(19)30488-7.

8. The EC is committed to gender-neutral HPV vaccination (GNV) as the primary means of eliminating all the cancers caused by HPV. The draft Roadmap contains only a partial endorsement of GNV. We believe that the Roadmap should go further and, like Europe's Beating Cancer Plan, contain an unequivocal commitment to this policy.
9. There are several powerful arguments for GNV:
  - a) It will contribute significantly to the prevention of cancers caused by HPV in males, including penile, anal, and oropharyngeal cancers. Up to 30% of all the cancer cases caused by HPV in Europe are in males.<sup>2</sup> A female-only HPV vaccination programme is not sufficient to protect males because they will remain at risk from unvaccinated females from their own or other countries and because men who have sex with men are completely unprotected by female-only vaccination.<sup>3</sup> Men who are immunocompromised, perhaps because they are HIV-positive or following an organ transplant, are also at much higher risk of developing a cancer caused by HPV.<sup>4</sup> It should be noted that there are currently no screening programmes which can detect pre-cancers caused by HPV in men (although there is now emerging evidence supporting anal pre-cancer screening for high-risk populations).<sup>5</sup>
  - b) Unvaccinated females will be protected by the vaccination of males. Even if the sole aim of HPV vaccination is to prevent cervical cancer, it is clear that vaccinating males will impact on cervical cancer rates, especially in countries with low levels of vaccination uptake, and accelerate its elimination.<sup>6</sup>
  - c) GNV programmes are more resilient to falls in uptake. Public concern about the safety of HPV vaccination for girls has led to low levels of uptake in some countries and dramatic falls in others. The Covid-19 pandemic has also caused a decline in uptake. The impact of these problems can be mitigated by the higher level of coverage achieved across the population by GNV.
  - d) There is a strong ethical and equity case for GNV. It is not only wrong to deny males a potentially life-saving medical intervention on the grounds of their gender it is also

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<sup>2</sup> Hartwig S, St Guily JL, Dominiak-Felden G, Alemany L, de Sanjosé S. Estimation of the overall burden of cancers, precancerous lesions, and genital warts attributable to 9-valent HPV vaccine types in women and men in Europe. *Infect Agent Cancer*. 2017 Apr 11;12:19. doi: 10.1186/s13027-017-0129-6.

<sup>3</sup> Díez-Domingo J, Sánchez-Alonso V, Villanueva RJ, Acedo L, Tuells J. Impact of a Gender-Neutral HPV Vaccination Program in Men Who Have Sex with Men (MSM). *Int J Environ Res Public Health*. 2021 Jan 22;18(3):963. doi: 10.3390/ijerph18030963.

<sup>4</sup> Reusser NM, Downing C, Guidry J, Tyring SK. HPV Carcinomas in Immunocompromised Patients. *J Clin Med*. 2015 Jan 29;4(2):260-81. doi: 10.3390/jcm4020260.

<sup>5</sup> The Anchor Study. <https://anchorstudy.org/> (accessed 8 March 2022).

<sup>6</sup> Simoens S, Bento-Abreu A, Merckx B, Joubert S, Vermeersch S, Pavelyev A, Varga S, Morais E. Health Impact and Cost-Effectiveness of Implementing Gender-Neutral Vaccination With the 9-Valent Human Papillomavirus Vaccine in Belgium. *Frontiers in pharmacology*. 2021 Apr 12;12:359. doi: 10.3389/fphar.2021.628434.

wrong to ask females alone to shoulder the burden of vaccination. Female-only programmes reinforce the message that males have no responsibility for sexual health even though all genders are vectors for the transmission of HPV.

- e) There is now good evidence that, in the long-term, GNV is cost-effective even in countries with vaccination rates in girls that exceed 80%. This was the conclusion of the United Kingdom government's vaccination advisory committee (JCVI) when it recommended the introduction of GNV in 2018.<sup>7</sup> It should also be noted that conventional cost-effectiveness modelling for HPV vaccination is of limited utility. It would be preferable if a much wider range of factors, including equity, patient wellbeing, workforce participation and wider economic costs, were also taken into account.<sup>8</sup>
  - f) In countries currently without a HPV vaccination programme, it is more cost-effective, from a workforce development and public education perspective, to introduce GNV at the outset rather than introduce a programme for girls alone first and then, a few years later, extend the programme to boys.
10. The draft Roadmap rightly recommends that member states should implement catch-up strategies to provide HPV vaccinations to girls who were missed during the Covid-19 pandemic. ECO believes the Roadmap should go further and recommend that catch-up GNV should be offered to everyone up to the age of 26 whether or not they were previously eligible for vaccination.
11. There is a suggestion in the draft Roadmap that the vaccination of males could divert resources from cervical cancer screening programmes. It is difficult to see how, in practice, vaccination programmes could have this wider impact since they are normally financed, organised and delivered separately from screening programmes.
12. ECO appreciates that there are currently concerns about the global supply of HPV vaccination. We understand that the supply issues will be resolved in the next 1-2 years, however. This enables member states to plan ahead for the introduction of GNV programmes. It is certainly realistic to expect sufficient supply to be available for all states to introduce GNV by 2025-2030. Furthermore, if the evidence for a change to a single-dose vaccination programme proves to be sufficiently robust, this will remove

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<sup>7</sup> Joint Committee on Vaccination and Immunisation (2018). Statement in HPV vaccination. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/726319/JCVI\\_Statement\\_on\\_HP\\_Vaccination\\_2018.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/726319/JCVI_Statement_on_HP_Vaccination_2018.pdf) (accessed 8 March 2022).

<sup>8</sup> Siebert U, Sroczyński G, Baker P, Borget I, Castellsagué X, Chapman R, von Knebel-Doeberitz M, Mortensen GL, La Torre G. Framework for Evidence Assessment Based on Grade and Application to HPV Vaccination in Males in the European Health Care Context. *Value in Health*. 2013 Nov 1;16(7):A327. doi.org/10.1016/j.jval.2013.08.026.

most if not all barriers to the implementation of GNV created by concerns about supply and cost.

### **Cervical cancer screening**

13. HPV DNA testing should be clearly recommended as the gold standard. The draft Roadmap appears reluctant to endorse fully test methodologies that have proved to be most effective through clinical evidence.
14. The draft Roadmap rightly highlights the potential of HPV self-sampling. ECO would like to see a stronger recommendation on this issue. In our view, self-sampling should form a central component of national cervical cancer screening programmes.
15. Self-sampling can increase access to screening, especially for those with mobility challenges, who live in remote areas, or who face cultural or other barriers to accessing other forms of screening.<sup>9</sup> Users of self-sampling have cited the ease of use, privacy, convenience and physical and emotional comfort (including decreased embarrassment, anxiety, and pain) as major reasons for their preference. Self-sampling has been found to be as accurate as clinician-sampling where tests are based on polymerase chain reaction (PCR). In the Netherlands, self-sampling has been offered as an alternative to a clinician examination since November 2020. Preliminary data suggest that while the number of tests collected by clinicians has remained low, the volume of self-screened samples has doubled and overall screening participation has largely recovered to pre-pandemic levels.
16. The draft Roadmap does not mention the potential of urine sampling as another way of increasing screening uptake, including as part of a home-based self-sampling procedure.<sup>10</sup> ECO recommends that WHO reviews the evidence on urine sampling and, if it is found to be robust, includes this option in the guidance to member states.
17. No mention is made of transgender men. It is important that, to be inclusive and effective, that screening is offered to all those with a cervix. This should be made explicit in guidance to member states on screening.

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<sup>9</sup> European Cancer Organisation (2021). Self-Sampling and HPV Screening in Europe: Position Paper. [https://www.europecancer.org/index.php?option=com\\_attachments&task=download&id=659:ECO-Position-Paper-Self-Sampling-and-HPV-Screening-in-Europe-2021](https://www.europecancer.org/index.php?option=com_attachments&task=download&id=659:ECO-Position-Paper-Self-Sampling-and-HPV-Screening-in-Europe-2021) (accessed 8 March 2022).

<sup>10</sup> Tranberg, M., Jensen, J.S., Bech, B.H. *et al.* Urine collection in cervical cancer screening – analytical comparison of two HPV DNA assays. *BMC Infect Dis* **20**, 926 (2020). <https://doi.org/10.1186/s12879-020-05663-7>.

## **Monitoring and accelerating progress**

18. ECO has previously called for the introduction of a HPV Vaccine Tracker to provide data on the implementation of Europe's Beating Cancer Plan's recommendation on GNV.<sup>11</sup> We now recommend that the Tracker should cover the European region as a whole and include cervical cancer screening. The Tracker would help to monitor progress towards the Roadmap's goals, flag up where progress is slower and where additional support may be required, and help to encourage member states to adopt best practice and maintain momentum, including by stretching countries that are already meeting targets. The Tracker would map the recovery of programmes from the COVID-19 pandemic and also show how the Region as a whole is contributing to the global effort to eliminate the cancers caused by HPV.
19. It is also essential to monitor the impact on inequalities in the uptake of vaccination and screening and to take action where necessary. National data can easily hide systemic variations by social class, ethnicity, sexuality, disability and geography. Member states should be encouraged and supported to monitor inequalities in uptake to provide data that can be included in the Tracker and to develop action plans that improve the engagement of under-represented groups.

## **The needs of migrants and refugees**

20. In Europe, migrants and refugees within the region and from other parts of the world have particular health needs. The huge population displacement currently being caused by the war in Ukraine is the latest and a particularly acute example. The elimination of cervical and other cancers caused by HPV may be delayed by migration from countries where there are either no or only very limited vaccination or screening programmes. ECO therefore recommends that, soon after arrival in their destination country, all migrants and refugees at least up to the age of 26 are offered HPV vaccination and cervical cancer screening is made available to women and others with a cervix.

## **Communication strategies**

21. The draft Roadmap recommends the development and implementation of evidence-informed communication strategies tailored to the needs of target audiences. This is essential. But young people have been omitted from the list of target audiences for vaccination communications, even though they are the recipients. Parents and carers are clearly of key importance, but it is essential that young people are actively engaged actors in the decision-making process. They can also help to overcome parental doubts and ensure compliance. And, in some countries, young people can make the final decision about vaccination for themselves, making it even more important that they are

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<sup>11</sup> HPV Vaccine Tracker. <https://www.europecancer.org/resources/199:hpv-vaccine-tracker.html> (accessed 14 March 2022).

fully informed. It is important that, when guidance on communicating with young people is prepared for member states, that young people's organisations are consulted and actively involved.

### **Linkages with other policies**

22. The draft Roadmap helpfully shows how it is aligned with other strategies and action plans. However, we note that no mention is made of the Strategy on the health and well-being of men in the WHO European Region.<sup>12</sup> The men's health strategy contains several recommendations relevant to GNV, including 'ensuring that health systems are responsive to men's sexual and reproductive health needs, including in the areas of family planning, prevention and treatment of sexually transmitted infections, healthy sexuality and infertility, throughout their lives, as they affect the men themselves and others.' We also note that the European Immunization Agenda 2030, which is cited in the draft Roadmap, aims to 'increase equitable access to new and existing vaccines for *everyone* regardless of age, identity and geographic location' (emphasis added).

### **Leveraging the Covid infrastructure**

23. The Covid-19 pandemic led to marked dips in vaccination and screening rates. It is vital that member states work towards restoring at least pre-pandemic uptake levels and, ideally, higher levels. The infrastructure created by COVID can be utilised in this process. The new vaccination facilities and specially-trained vaccinators can play a role. Also, PCR testing capabilities created for the pandemic could be repurposed to increase HPV screening and make it easier for countries to switch to HPV DNA testing.

**HPV Action Network**  
**European Cancer Organisation**  
**15 March 2022**

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<sup>12</sup> WHO Regional Office for Europe (2018). Strategy on the health and well-being of men in the WHO European Region.  
[https://www.euro.who.int/\\_data/assets/pdf\\_file/0010/394894/MHR\\_strategy\\_Eng\\_online.pdf](https://www.euro.who.int/_data/assets/pdf_file/0010/394894/MHR_strategy_Eng_online.pdf) (accessed 8 March 2022).