



# POLICY·BRIEF

Prepared by: the European Institute of Women's Health

## Women and Cervical Cancer

**Worldwide, cervical cancer is the second most common cancer in women under the age of 44**

### Cervical Cancer is Preventable

Around 80% of cervical cancer cases are caused by persistent infection of certain types of the Human Papillomavirus (HPV). HPV is the most common sexually transmitted infection in the world and approximately 50% to 80% of sexually active women contract some form of HPV at least once in their life.

However, most will eliminate the virus naturally and only a small proportion develops cervical cancer.

Additionally, epidemiological studies have identified a wide range of risk factors for potentially developing cervical cancer, such as:

- Tobacco smoking
- Low socio-economic status
- Infection with Chlamydia trachomatis
- Long-term use of oral contraceptives
- Multiple sexual partners
- Multiparity
- Micronutrient deficiency in fruits and vegetables

**In the EU, 34 300 women develop and 16 300 die from cervical cancer annually with higher rates in new Member States**

**On average, there are 175 000 women living with cervical cancer in European Union at any given time**

In most Europe there has been a steady drop in cervical cancer incidence and mortality over the last decades. 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 is one cancer that can largely be prevented**

### **Yet it still kills far too many women in Europe and worldwide**

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. Cervical cancer puts a huge personal and emotional burden on women, their children, family and friends, as well as placing considerable medical and economic costs on society.

## **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
- HPV vaccination of adolescent girls, prior to first exposure to the Human Papillomavirus (HPV)

Yet, not all women across the EU-27 are benefitting from best practice in cervical cancer prevention. This cancer remains a major cause of death for women in CEE countries: Romania, Bulgaria, Hungary, and the Baltic States. Analysis of cervical cancer data shows that the death rate was highest in Lithuania and lowest in Finland.

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

A 2008 Commission Report on how Member States have implemented the Council Recommendation on Screening revealed that cervical screening and prevention practices still vary greatly between countries and more vigorous efforts are necessary to move towards population group coverage Europe-wide.

In some new Member States and other Eastern European countries the incidence and mortality rates are double those seen in the EU-15. This disparity is a result of the lack of properly organised prevention programmes and allocation of financial resources. Such programmes, together with effective health education and awareness initiatives 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 the EU.

## **Cancer Screening— Council Recommendations**

The Council Recommendation on cancer screening, adopted unanimously by the EU Health Ministers in 2003, sets out fundamental principles of best practice for the early detection of cancer, and represents a shared commitment by Member States to implement cancer screening programmes for breast, cervical and colon cancer.

For cervical cancer it is recommended to start Pap smear screening not before the age of 20 and not later than 30. 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 in Europe and cover the population groups at risk. The European Commission Screening Report published in 2008 on how Member States have implemented the Council Recommendation shows a great divergence across the EU-27. Not all countries have set up organized 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.

## European Partnership— Action Against Cancer

The Partnership, a joint action between the Commission, Member States and key stakeholders has set an ambitious targets<sup>6</sup>: 100% population screening coverage by the end of 2013 and new cancer cases to be reduced by 15% by 2020.

In the cervical cancer field such a laudable target is very 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 programmes with HPV vaccination to best effect and stay affordable at the same time.

Developing a new set of comprehensive European Cervical Cancer Prevention Guidelines that appropriately integrate screening and vaccination must be a priority in the next phase of the cancer prevention initiatives that are supported by the EU Health Programme.

## HPV Vaccination – A New Tool for Primary Prevention

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, it argues that national screening programmes must be maintained as HPV vaccination does not eliminate the need for screening, even for women who have been vaccinated.

So far nine EU countries (Denmark, Germany, Greece, Italy, Luxembourg, Netherlands, Portugal, Spain and the UK) offer HPV vaccination free of charge and three (Belgium, France and Sweden) offer HPV vaccination with a co-payment<sup>5</sup>

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.

## Economics— the Remaining Hurdle

A major hurdle to the prevention of cervical cancer is the lack of resources to implement an appropriate comprehensive prevention strategy.

In the present economic climate, cost may be a major reason why countries hesitate to invest in cervical cancer prevention, faced as they are with tight healthcare budget. While we now have the tools to prevent almost every case of cervical cancer, we are still confronted with the financial challenge. It is not an easy task to raise the necessary political will to invest in prevention at a time of budgetary constraints, especially in the new EU Member States and other countries with financial difficulties

This is an area where 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. This would however mean that these Member States must be willing to make prevention of cervical cancer a national priority. As always, such a comprehensive prevention strategy requires mustering the political will for action and for sustained financial resources

## For More Information

European Institute of Women's Health,  
33 Pearse Street, Dublin 2, Ireland.  
+353 16715691

<https://eurohealth.ie>

[info@eurohealth.ie](mailto:info@eurohealth.ie)

European Commission

[http://ec.europa.eu/health/sexual\\_health/hpv/index\\_en.htm](http://ec.europa.eu/health/sexual_health/hpv/index_en.htm)

European Centre for Disease Control and Prevention Guidance for the introduction of HPV vaccines in EU countries

[http://ecdc.europa.eu/en/publications/Publications/0801\\_GUI\\_Introduction\\_of\\_HPV\\_Vaccines\\_in\\_EU.pdf](http://ecdc.europa.eu/en/publications/Publications/0801_GUI_Introduction_of_HPV_Vaccines_in_EU.pdf)

International Agency for Research and Cancer European guidelines for quality assurance in cervical cancer screening [http://screening.iarc.fr/doc/ND7007117ENC\\_002.pdf](http://screening.iarc.fr/doc/ND7007117ENC_002.pdf)

## References

1. 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).

2. European Cervical Cancer Association (ECCA). 2009.

Cervical Cancer Prevention. <http://www.ecca.info/en>

3. 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>

4. ECDC. 2008. Guidance for the introduction of HPV vaccines in EU countries.

<https://eurohealth.ie/cervical-cancer-an-eiwh-policy-brief/>

UI\_Introduction\_of\_HPV\_Vaccines\_in\_EU.pdf

5. European Cervical Cancer Association (ECCA). 2009b.

HPV Vaccination across Europe.

[ecca.info/fileadmin/user\\_upload/HPV\\_Vaccination/ECCA\\_HPV\\_Vaccination\\_April\\_2009.pdf](http://ecca.info/fileadmin/user_upload/HPV_Vaccination/ECCA_HPV_Vaccination_April_2009.pdf)