

## Tackling cervical cancer in Europe amidst the COVID-19 pandemic

According to estimates for 2018,<sup>1</sup> approximately 33 000 cases of cervical cancer occurred and 15 000 people died from the disease in Europe (see map in appendix). Human papillomavirus (HPV) vaccine coverage is relatively low in countries with the highest incidence and screening performance is heterogeneous among European countries. Cytological screening followed by treatment of screen-detected cervical lesions has resulted in substantial decreases in the burden of cervical cancer in western and northern Europe; but in eastern Europe, cervical cancer incidence and mortality remain comparatively high.<sup>2</sup>

Today, new powerful tools are available for primary and secondary prevention of cervical cancer, among which prophylactic HPV vaccines, and screening using validated HPV tests for women—including some tests that can be applied on self-collected samples, a strategy that might be used to reach underscreened populations.<sup>3</sup>

In May, 2018, the WHO Director General launched a call to eliminate cervical cancer by vaccinating at least 90% of girls by age 15 years, by offering screening at least twice in a lifetime to 70% or more of the target age populations and treat more than 90% of women with screen-detected lesions.

Recently, a large group of experts from diverse professional societies and cancer organisations supporting WHO's call to eliminate cervical cancer, proposed a series of concerted actions to implement organised integrated HPV vaccination and HPV-based screening, and requested European health authorities to endorse the principles of the WHO elimination initiative, mobilise resources to update evidence-based guidelines, and translate them into quantified and monitored preventive activities.<sup>4</sup>

However, in the first half of 2020, due to the dramatic COVID-19 pandemic, cervical cancer prevention activities have been disrupted in many European countries. We are concerned and urge the public health community to maintain sufficient resources to sustain HPV vaccination and cancer screening in the future.

Importantly, the COVID-19 pandemic might also generate opportunities for more efficient prevention, by promoting more cost-effective, evidence-based protocols, by focusing on women who are at high-risk, extending HPV testing on self-collected samples, and discouraging inefficient policies, such as screening with two tests. We welcome the unprecedented collaborations between the cancer and infectious disease communities, who have been working jointly to tackle the spread of the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) by applying the experience of HPV test evaluation to protocols for comparing and validating SARS-CoV-2 assays and by bringing modellers together in the COVID-19 and Cancer Taskforce Global Modelling Consortium.

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See Online for appendix

For WHO DG call see <https://www.who.int/dg/speeches/detail/cervical-cancer-an-ncd-we-can-overcome>.

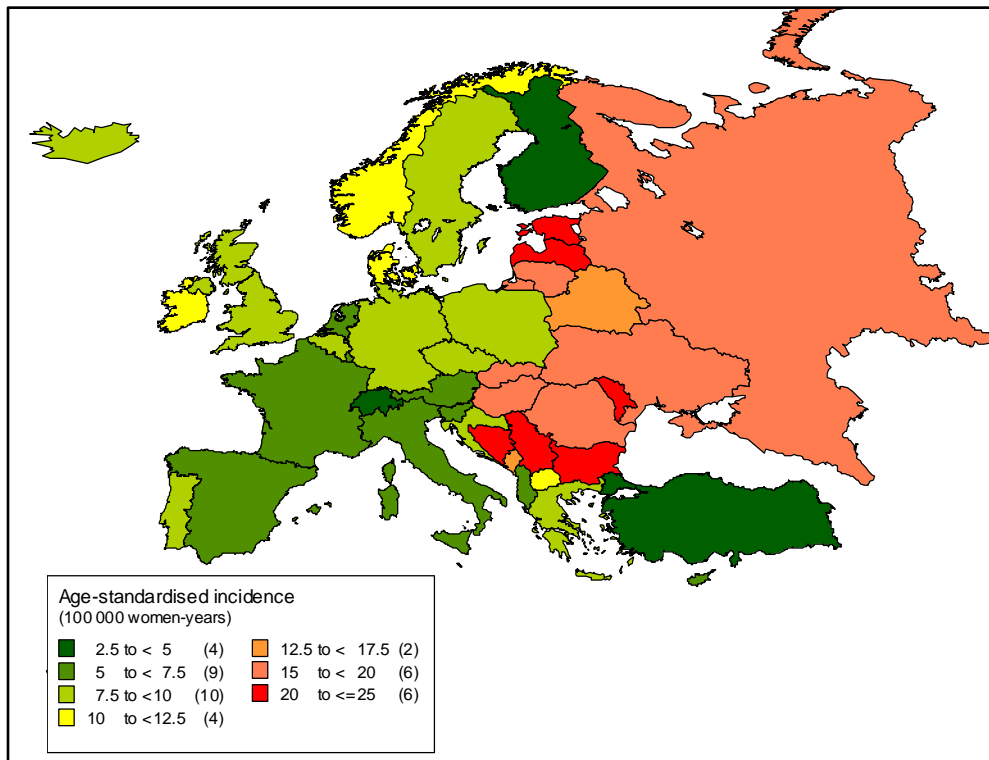
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## Public Health

### Supplementary appendix

This appendix formed part of the original submission. We post it as supplied by the authors.

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**Figure .** Geographical distribution of the world age-standardised incidence rate of cervical cancer by country, in Europe (+ Cyprus & Turkey), estimated for 2018 (source IARC, GLOBOCAN 2018)<sup>1</sup>.

#### Reference

1. Arbyn M, Weiderpass E, Bruni L, et al. Estimates of incidence and mortality of cervical cancer in 2018: a worldwide analysis. *Lancet Glob Health* 2020;**8**: e191-e120.