

# Cervical cancer roadmap

## Essentials

*“No woman should die from a preventable disease. Elimination of cervical cancer is within our grasp if we unite behind this common goal and deliver vaccination, screening and treatment.”*

Dr Nino Berdzuli, Director of Country Health Programmes, WHO Regional Office for Europe



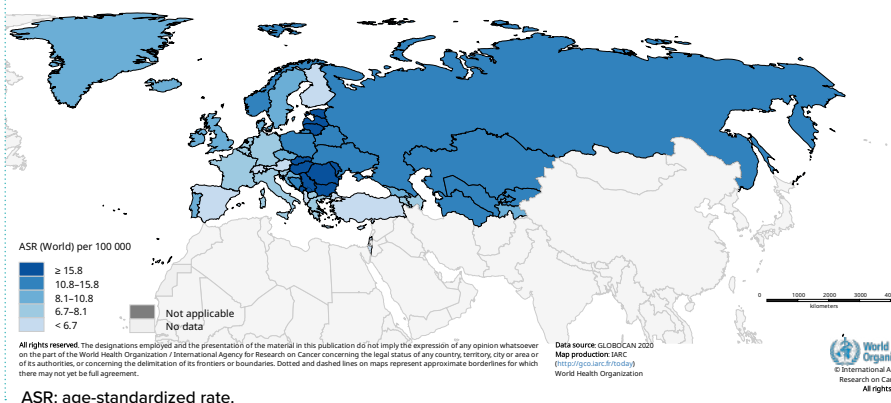
### The targets

- 90%** of girls fully vaccinated with the human papillomavirus (HPV) vaccine by age 15
- 70%** of women screened with a high-performance test by age 35, and again by age 45
- 90%** of women with precancer treated and **90%** of women with invasive cancer managed

### What we need

- ✓ universal access to HPV vaccination
- ✓ cervical cancer screening programmes
- ✓ timely and accurate diagnosis
- ✓ quality treatment
- ✓ palliative care
- ✓ survivorship support

### Estimated age-standardized incidence rates, 2020



### Actions for impact

- 1 Increased HPV vaccination**
- 2 Organized screening and treatment of precancerous lesions**
- 3 Access to quality treatment and palliative care**

### Regional context

- As of 2020, 38 of the 53 Member States of the WHO European Region had implemented HPV vaccination in their routine immunization programmes.
- 90% national vaccination coverage is needed to create cervical cancer immunity at population level.
- The percentage of women in the Region ever screened for cervical cancer ranges by country from 11% to 100%.
- 34% countries have organized population-based screening programmes.
- Across the Region, diagnosis of early-stage cervical cancer ranges from 40% to 80%. Five-year survival rates range from 54% to 80%.
- 65% of the population of the Region lack access to palliative care services.

## Guidance for delivering organized cervical cancer screening

### 1. Implement a national, population-based screening programme with:

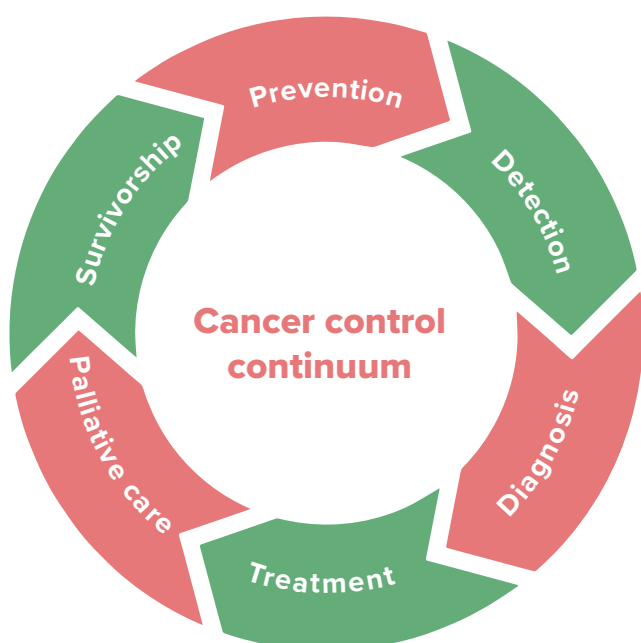
- ✓ HPV DNA detection as the primary screening test for detection of precancerous lesions
- ✓ HPV self-sampling for women as part of an organized screening programme
- ✓ Existing high-quality, cytology-based and organized screening programmes should be continued until HPV DNA testing is operational
- ✗ Romanowski–Giemsa staining is not recommended

### 2. Screen and treat cervical precancerous lesions, with follow-up visits

Cervical cancer screening is a pathway, testing alone is not sufficient.

### 3. Screen vaccinated and unvaccinated women in all their diversity, starting at:

- ✓ 30 years of age and every 5–10 years when using HPV DNA detection
- ✓ 30 years of age and every three years until 49 years when using visual inspection or cytology
- ✓ 25 years of age and every 3–5 years for HIV-positive individuals



## Cervical cancer screening

### Common barriers:

- out-of-pocket payments and fragmented service delivery
- distance, travel costs, stigma and language
- insufficient knowledge or limited cultural competencies among health-care workers

### Solutions:

- national cervical cancer screening programmes with well defined pathways and referral systems that address inequities
- behavioural and cultural insights to address barriers to participation in screening programmes
- evidence-informed communications strategies
- workforce training in cervical cancer screening
- quality management and assurance systems
- link to timely diagnosis and treatment

## HPV vaccination uptake

### Common barriers:

HPV vaccination hesitancy due to:

- safety concerns among medical workers or caregivers
- misinformation

### Solutions:

- workforce training in vaccination uptake
- behavioural and cultural insights to inform service delivery
- evidence-informed communications strategies tailored to the needs of target audiences
- crisis communication plans to respond to vaccine safety events, allegations or misinformation

## Treatment and palliative care

### Common barriers:

- suboptimal quality of care due to limited knowledge among health-care providers
- lack of medicines or treatment options

### Solutions:

- specialized health workforce to provide effective multidisciplinary management of cervical cancer
- removal of barriers to prescription of opioid analgesics (notably oral)
- person-centred care through active engagement of patients in their treatment



**Make elimination of cervical cancer our legacy**

