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CONTEXT

Cervical cancer is the third most common gynaecological cancer and the second most common in women under 45 years. In Europe, over 61,000 women are diagnosed with cervical cancer each year and almost 26,000 of them will die – largely from late-stage cervical cancers that could have been detected earlier through screening and treatment.

The relatively high death rate has been largely attributed to low vaccination coverage and low cervical cancer screening rates among vulnerable women.

THE CONCEPT

Three major pillars support the concept of CBIG-SCREEN

Pillar 1: Contextual assessment – systemic review and analyses
- Behavioral determinants & societal issues
  - Analyze determinants
  - Map existing policies
  - Identify stakeholders
  - Identify barriers
  - Assess preferences among target groups
  - Identify/address economic, legal and ethical issues

Pillar 2: Develop intervention packages – context cognizant development of intervention tools and the means to implement them
- Co-create intervention packages
- Develop stakeholder engagement tool
- Conduct/policy makers can implement intervention packages for specific vulnerable subgroups, taking into account country-specific health economic factors

Pillar 3: Evaluation & Dissemination
- Policy-driven implementation under focus
- An evaluation framework of co-constructed implementation models that predict the contextual efficacy and effectiveness of tailored CCS programmes, including at the health systems level
- Create a flexible and responsive evaluation framework of co-constructed implementation models that predict the contextual efficacy and effectiveness of tailored CCS programmes

CBIG-SCREEN Outputs

- Policy recommendations for tailored CCS programmes to reach vulnerable women
- Pragmatic, short-term impact, patient-focused
- An evaluation framework of co-constructed implementation models that predict the contextual efficacy and effectiveness of tailored CCS programmes, including at the health systems level
- A map of existing screening policies focusing on vulnerable women
- Tailored CCS programmes that match vulnerable women’s needs and preference and can be adapted to national and regional levels

EXPECTED RESULTS

1. Increase structural knowledge and provide insights into performance and policies of screening vulnerable women.
2. Increase early detection and appropriate management of CCS in vulnerable women.
3. Create a flexible and responsive evaluation framework of co-constructed implementation models that predict the contextual efficacy and effectiveness of tailored CCS programmes.
4. Reduce the burden of CC in the European Union, improve life expectancy and well-being, and reduce health inequities.
5. Decrease disease burden by more efficiently targeting vulnerable women and thus accelerating cervical cancer elimination.