

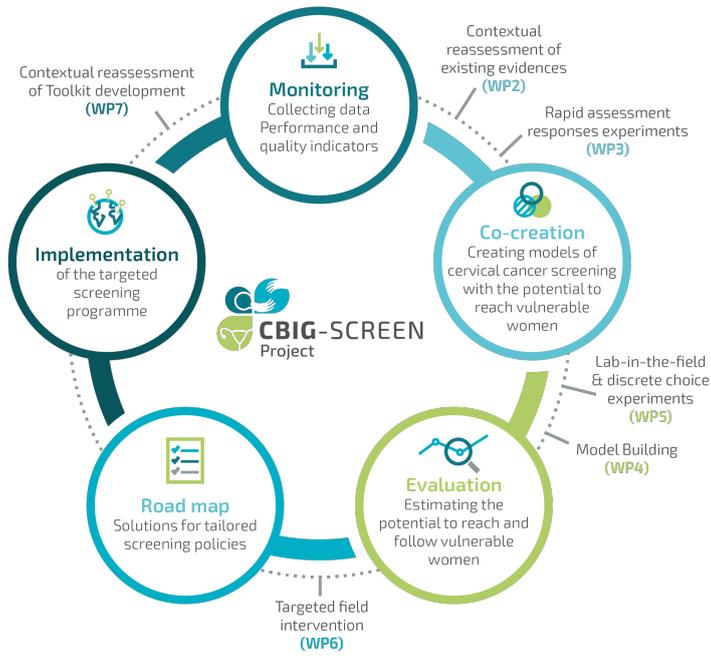
# A Survey of Current Policies towards Widening Cervical Screening Coverage among Vulnerable Women in 22 European Countries

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## Background

- The rising burden of cervical cancer (CC) in the WHO Europe Region<sup>1</sup> falls disproportionately on women with limited access to healthcare, and it is closely associated with socio-economic inequalities.<sup>2</sup>
- Whilst cervical cancer screening (CCS) programmes have managed to reduce CC mortality,<sup>3</sup> profound disparities in terms of coverage exist among European countries.<sup>4,5</sup> Moreover, there remains considerable gaps in coverage within countries with CCS inaccessible to subgroups at risk of CC, such as sex workers, Roma populations, illicit drug users, migrants, and homeless communities.<sup>6-10</sup>
- This study aimed to investigate the status of CCS implementation in Europe by investigating national or regional policies towards broadening CCS coverage amongst vulnerable subgroups of the population at high-risk for CC.



## Methodology

- A web-based survey was conducted between September 2021 and February 2022 with CCS programme managers and experts. Representatives from 31 countries (27 EU member states, Iceland, Norway, Switzerland and the United Kingdom) were invited to participate using a snowball sampling method.
- Survey items were structured into six domains related to CCS: i) identification of vulnerable women; ii) policies; iii) financing; iv) monitoring and evaluation; v) programme invitation strategies; and vi) activities towards raising awareness and eliminating access barriers.

## Results

31 representatives from 22 European countries responded to the survey (70.97% coverage).

The presence of a population-based CCS programme varied:

- National CCS programme
- Regional CCS programme
- No population-based prog.
- Unavailable data



20 countries (90.91%) recognised the presence of vulnerable populations in their territory who were underserved by the CCS programme.



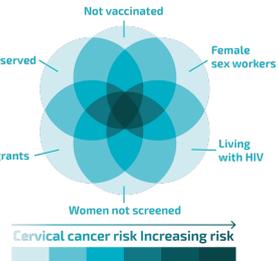
	Presence of VG (vulnerable groups)		Existence of a policy for VG		Dedicated CCS M&E among VG		Invitation strategy for VG		Awareness raising governmental		Awareness raising non-governmental		Client-directed interventions*	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
<b>EuroVoc Region (total category)</b>														
Central and Eastern Europe (n=7)	6	85,71	2	28,57	2	28,57	1	14,29	4	57,14	3	42,86	5	71,43
Northern Europe (n=4)	3	75,00	1	25,00	0	0,00	0	0,00	1	25,00	2	50,00	3	75,00
Southern Europe (n=4)	4	100,00	0	0,00	1	25,00	2	50,00	3	75,00	0	0,00	3	75,00
Western Europe (n=7)	7	100,00	3	42,86	2	28,57	2	28,57	5	71,43	4	57,14	5	71,43
<b>Presence of a population-based programme</b>														
Yes (n=18)	16	88,89	5	27,78	4	22,22	5	27,78	12	66,67	7	38,89	14	77,78
No (n=4)	4	100,00	1	25,00	1	25,00	0	0,00	1	25,00	2	50,00	2	50,00
<b>Cervical cancer incidence (median 9.6)</b>														
Below median (n=11)	11	100,00	1	9,09	2	18,18	2	18,18	6	54,55	3	27,27	7	63,64
Above median (n=11)	9	81,82	5	45,45	3	27,27	3	27,27	7	63,64	6	54,55	9	81,82
<b>Human Development Index</b>														
High (0.8-0.9) (n=12)	10	83,33	4	33,33	4	33,33	4	33,33	7	58,33	5	41,67	10	83,33
Very high (>0.9) (n=10)	10	100,00	2	20,00	1	10,00	1	10,00	6	60,00	4	40,00	6	60,00
<b>TOTAL (n=22)</b>	<b>20</b>	<b>90,91</b>	<b>6</b>	<b>27,27</b>	<b>5</b>	<b>22,73</b>	<b>5</b>	<b>22,73</b>	<b>13</b>	<b>59,09</b>	<b>9</b>	<b>40,91</b>	<b>16</b>	<b>72,73</b>

\* Client-directed interventions to increase CCS community access included: self-sampling; provision of alternative screening centres; patient navigation; access to CCS in mobile units; provision of transportation to the screening centre; scheduling screening out-of-hours; and reduction of out-of-pocket costs through reimbursement, voucher distribution, or increased third party payment.

## Discussion

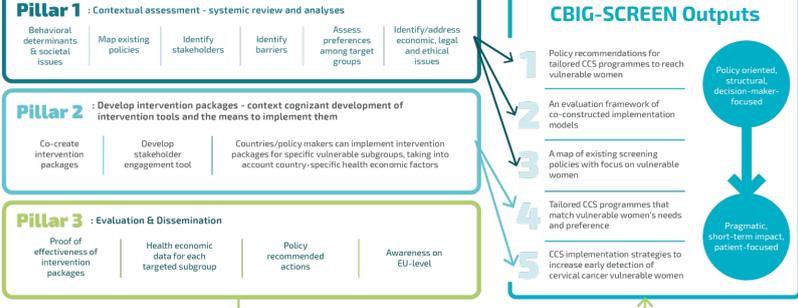
Whilst majority of the respondents acknowledge the necessity of addressing subgroups at high risk of CC, few countries have developed a distinct policy about broadening coverage of CCS amongst vulnerable subgroups.

A greater clarity on the conceptualisation of vulnerability and its intersectionality can help countries to develop and subsequently implement strategies to increase coverage to subgroups of the target population currently underserved with regards to CCS.



Results underpin the need to advance the design and implementation of policies for vulnerable subgroups, as the European Commission's proposal of September 2022 to update the 2003 European Council screening guidelines recommends<sup>11</sup> in alignment with the WHO CC elimination strategy and Europe's Beating Cancer Plan goals.<sup>12,13</sup>

Three major pillars support the concept of CBIG-SCREEN



Read more about CBIG-SCREEN project at [www.cbig-screen.eu](http://www.cbig-screen.eu)

International Agency for Research on Cancer



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References: (1) Ferlay J, Laversanne M, Ervik M, et al. Global Cancer Observatory: Cancer Tomorrow. Lyon, France: International Agency for Research on Cancer; 2020. (2) Vaccarella S, Lortet-Tieulent J, Saracci R, et al. Reducing Social Inequalities in Cancer: Setting Priorities for Research. CA Cancer J Clin. 2018;68(5):324–6. (3) Bouvard V, Wentzensen N, Mackie A, et al. The IARC Perspective on Cervical Cancer Screening. N Engl J Med. 2021;385(20):1908–18. (4) Basu P, Ponti A, Anttila A, Ronco G, et al. Status of implementation and organization of cancer screening in The European Union Member States—Summary results from the second European screening report. Int J Cancer. 2018;142(1):44–56. (5) European Commission. European Cancer Inequalities Registry. (6) Brzoska P, Aksakal T, Yilmaz-Aslan Y. Utilization of cervical cancer screening among migrants and non-migrants in Germany: results from a large-scale population survey. BMC Public Health. 2020;20(1):5. (7) Kricker A, Burns L, Goumas C, Armstrong BK. Cervical screening, high-grade squamous lesions, and cervical cancer in illicit drug users. Cancer Causes Control. 2013;24(7):1449–57. (8) Poncet L, Panjo H, Ringa V, Andro A. Do vulnerable groups access prevention services? Cervical cancer screening and HIV testing among homeless migrant woman in the Paris metropolitan area. PLoS One. 2021;16(8):e0255900. (9) Andraessen T, Melnic A, Figueiredo R, et al. Attendance to cervical cancer screening among Roma and non-Roma women living in North-Western region of Romania. Int J Public Health. 2018;63(5):609–19. (10) Kellen E, Nuyens C, Molleman C, Hoek S. Uptake of cancer screening among adults with disabilities in Flanders (Belgium). J Med Screen. 2020;27(1):48–51. (11) European Commission. Council Recommendation on strengthening prevention through early detection: A new EU approach on cancer screening replacing Council Recommendation 2003/878/EC. Brussels; 2022. (12) World Health Organization. Global strategy to accelerate the elimination of cervical cancer as a public health problem and its associated goals and targets for the period 2020–2030. Vol. 2, United Nations General Assembly. 2021. pp. 1–3. (13) European Commission. Communication from the Commission to the European Parliament and the Council. Europe's Beating Cancer Plan. (2021).