

RISCC project - communication & dissemination

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Current situation in Europe

- □ Differences in prevention strategies / policies between regions
- In countries with an excellent score, there is still room for improvement

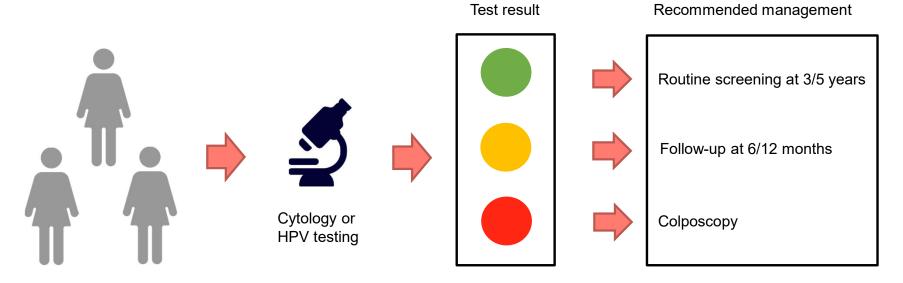








Current approach to Cervical Cancer screening



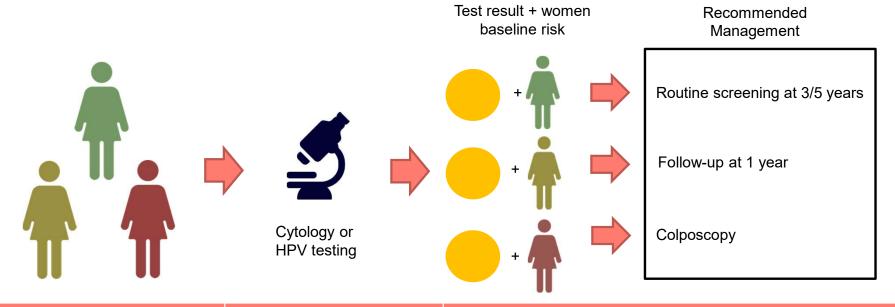
	Management	Risk
CURRENT APPROACH	Based on test result	Defined by test result = One-size fits all







New approach to Cervical Cancer screening



	Management	Risk
NEW APPROACH	Based on risk of	Based on test result, screening history, age,
(Risk-based screening)	cervical cancer	vaccination status, etc. = Personalised prevention









Advantages of risk-based cervical cancer screening

FOR WOMEN:

- Less unnecessary activity in low-risk women = lower rates of anxiety and overtreatment
- Expedited follow-up of women at higher risk = earlier diagnosis

FOR ADMINISTRATIONS / GOVERNMENTS:

- Equal management at equal risk = easier incorporation of new screening methods
- Cost reduction of screening programs = Up to 100,000 million euros per year
- Cost-effective (more health benefits at equal or lower cost) = +2€ per woman avoids 12.500 annual cervical cancer deaths in Europe







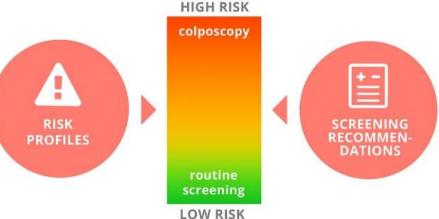


RISCC project: Risk-based Screening for Cervical Cancer

AIM: To develop the first European risk-based cervical cancer screening proposal

REQUIRED BASELINE DATA

Estimate the *risk of*precancerous lesions based on screening history, vaccination status and other risk factors such as age, tobacco consumption



Provide *screening recommendations* for different levels of precancer risk through the development of a natural history model

For more information: https://www.riscc-h2020.eu







RISCC project: Risk-based Screening for Cervical Cancer

AIM: To develop the first European risk-based cervical cancer screening proposal



Offer free online *training* for personnel involved in screening programs & dissemination/communication activities

Conduct a *pilot* <u>risk-based</u> <u>screening program for</u> <u>cervical cancer</u> in Europe

Develop and provide open-source IT tools to facilitate clinical management

For more information: https://www.riscc-h2020.eu











RISCC results so far

- Estimation of risks:
 - An ever positive HPV result results in higher lifetime risk
- Guidelines and opportunities in cervical cancer screening:
 - Use of HPV test over 30 years old
 - Implementation of self-sampling
 - 2-times triage of HPV positive women (now and in 12 months)









RESULTS SO FAR









HPV tests

- Only use validated HPV tests (n=13 DNA tests and 1 mRNA test)
- Validated for:
 - Grouped vs extended genotyping tests
 - Physician-taken sample vs self-collected
 - Cervical vs vaginal vs urine
 - Irrespective of sampling device used
- ☐ HPV tests can be obtained at lower cost using high-volume procurements









Self-sampling

- Updated data on compared performance of self-collected vs clinician samples; meta-analysis + longitudinal data
- □ Updated data on participation of women when offered self-sampling; meta-analysis + single studies
- ☐ First real-world performance data in the Netherlands aspects to be checked to achieve adequate clinical accuracy









Management of HPV positive women

- Similar performance of p16 staining, extended genotyping and viral load in comparison to cytology
- Methylation test in HPV positive women with low grade cytology allows to reduce colposcopy referals (costs) with no changes in CIN3+ detection rates
- ☐ In Norway, partial genotyping might provide the best benefit/referal ratio, thinking ahead on vaccinated women
- A combined triage with HPV genotyping, cytology and dual staining offers higher protection against future lesions









Management of women with lesions

- ☐ Use of methylation testing could:
 - Identify women with lesions that do not require treatment
 - Predict lesions at a higher risk of progression in vaccinated women









COMMUNICATION AND DISSEMINATION







HPV related tumors e-learning program





Targeted to specific professionals

Epidemiology and prevention of HPV diseases for primary care physicians

2519 © 8h



Cervical Cancer Prevention

Strategies in primary and secondary prevention of cervical cancer

= 25657 • 12h

Cervical cancer prevention course -**CLOSED**





□ 17336 □ 15h

HPV Vaccines

HPV Vaccine safety – Colombian edition

The Value of Vaccines & the importance of building vaccine confidence

3170 9 3h

Epidemiology and prevention of HPV associated head and neck cancer

2 1511 D 10h

Head and neck cancer: differential clinical aspects depending on HPV association

___ 1461 □ 8h

Update on Cervical cancer screening & Risk based screening

2821 • 40h

Since June 2021

HPV vaccines

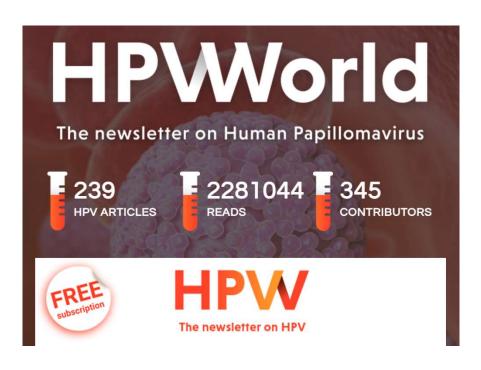
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Since Nov 2022

www.e-oncologia.org



Dissemination



https://www.hpvworld.com

Simplified summaries of scientific papers in 600 words for healthcare professionals

 Currently preparing an issue with RISCC and other European findings on cervical cancer prevention









Other actions on dissemination

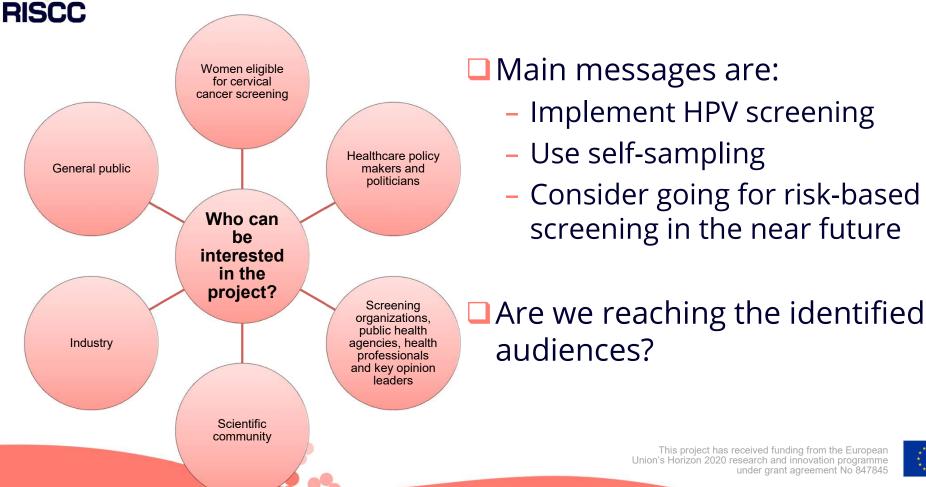
- ☐ Social media Twitter
- Newsletters
- Website
- Scientific papers and conferences presentations
- Commissioned article in EU RESEARCH
- Currently preparing a roundtable at the European parliament with other EU-funded projects
- Participating in the Results Booster platform







Roundtable: RISCC project - best practice sharing









For more information about the project, visit our website:

www.riscc-h2020.eu













DISSEMINATION OBJECTIVES

Women eligible for screening

- Raise awareness of cervical cancer; its association to HPV and its prevention strategies.
- Understand the advantages of screening and, in particular, of risk-based screening.
- Understand the advantages of e-health and m-health applications.

General public

- Raise awareness on the involvement of the European Commission in health promotion and the impact on society.
- Raise awareness on the project and understand how it aims to improve women's health.

Healthcare policy makers and politicians

- Understand the short- and long-term advantages of risk-based cervical cancer screening.
- Understand the current limitations of current screening programs and the need to implement riskbased screening.
- Understand the feasibility to implement risk-based screening.











Initial ideas how to involve ENGAGe ambassadors

- **Boost communication on the project and regular updates** through your own comunication tools (social networks, website, contact list, etc...)
- Adapt communication materials
 - Verify translations / Adapt key messages
 - Assess whether communication tools are adaptable to your country context
- Fine-tune development of the e-health/m-health application
 - If applicable









Initial ideas on what RISCC can do for the ambassadors

- **Boost visibility** of your association
- Visibility of you as ambassador on the RISCC web and social media
- **Connection** with **experts** in cervical cancer research in Europe
 - Training to improve knowledge on cervical cancer and HPV
 - Stay up-to-date on research
- **Connection** among other country ambassadors
 - Potential for cross-country collaboration







