

# Manifesto of Young Gyn Oncologists for Cervical Cancer Elimination

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# Declaration of interests

Nothing to declare

# Methods



## STANDARD OPERATION PROCEDURES (SOP)

### ESGO Opinions



24<sup>th</sup> European Congress  
on Gynaecological Oncology  
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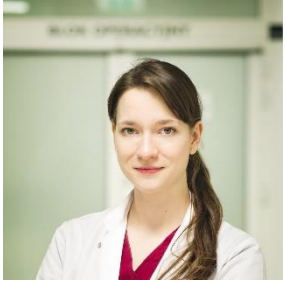
# Development Group Members



Icó Tóth



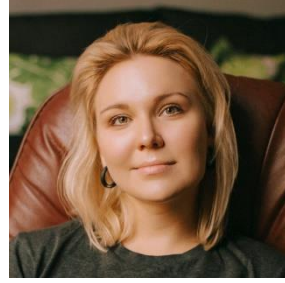
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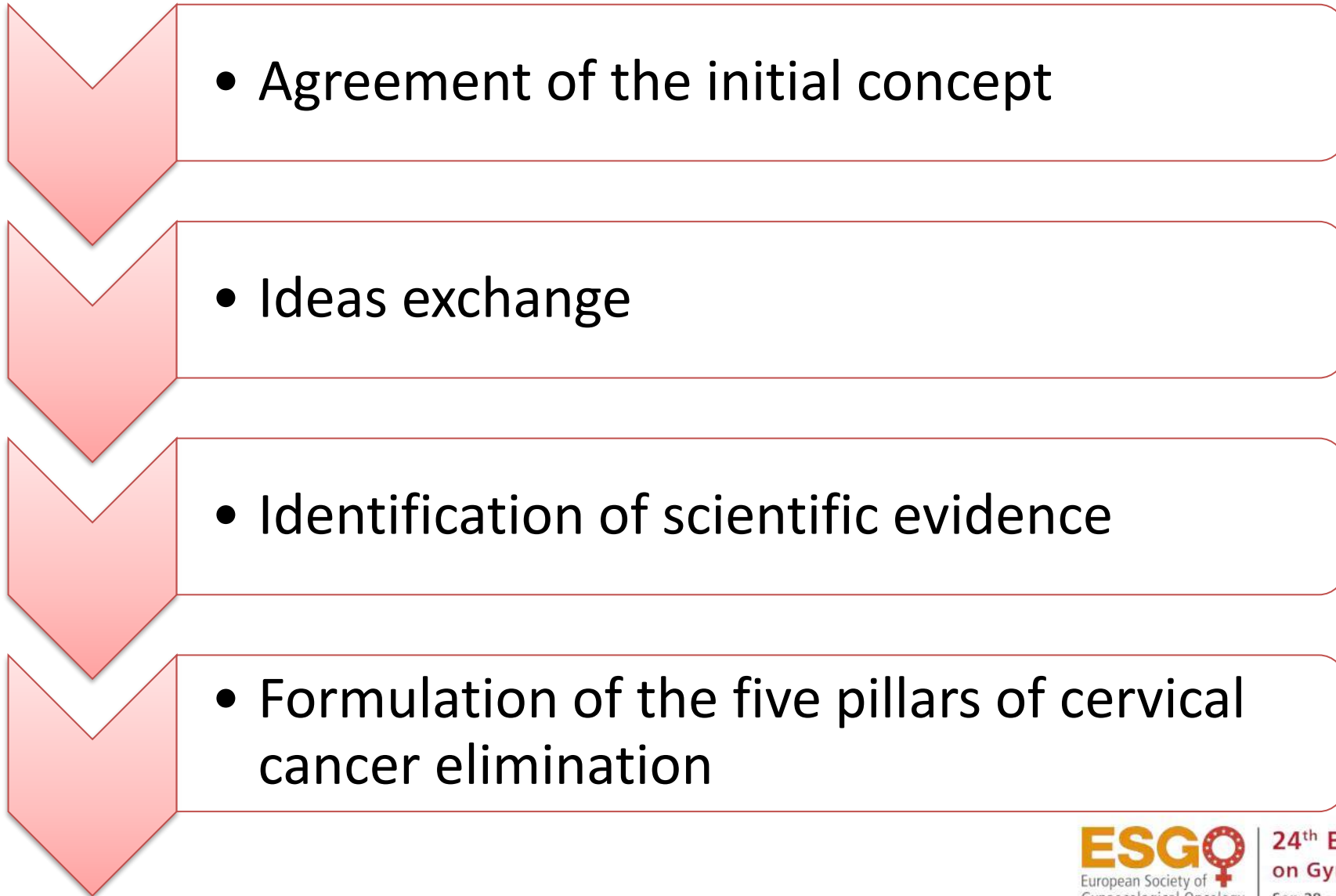


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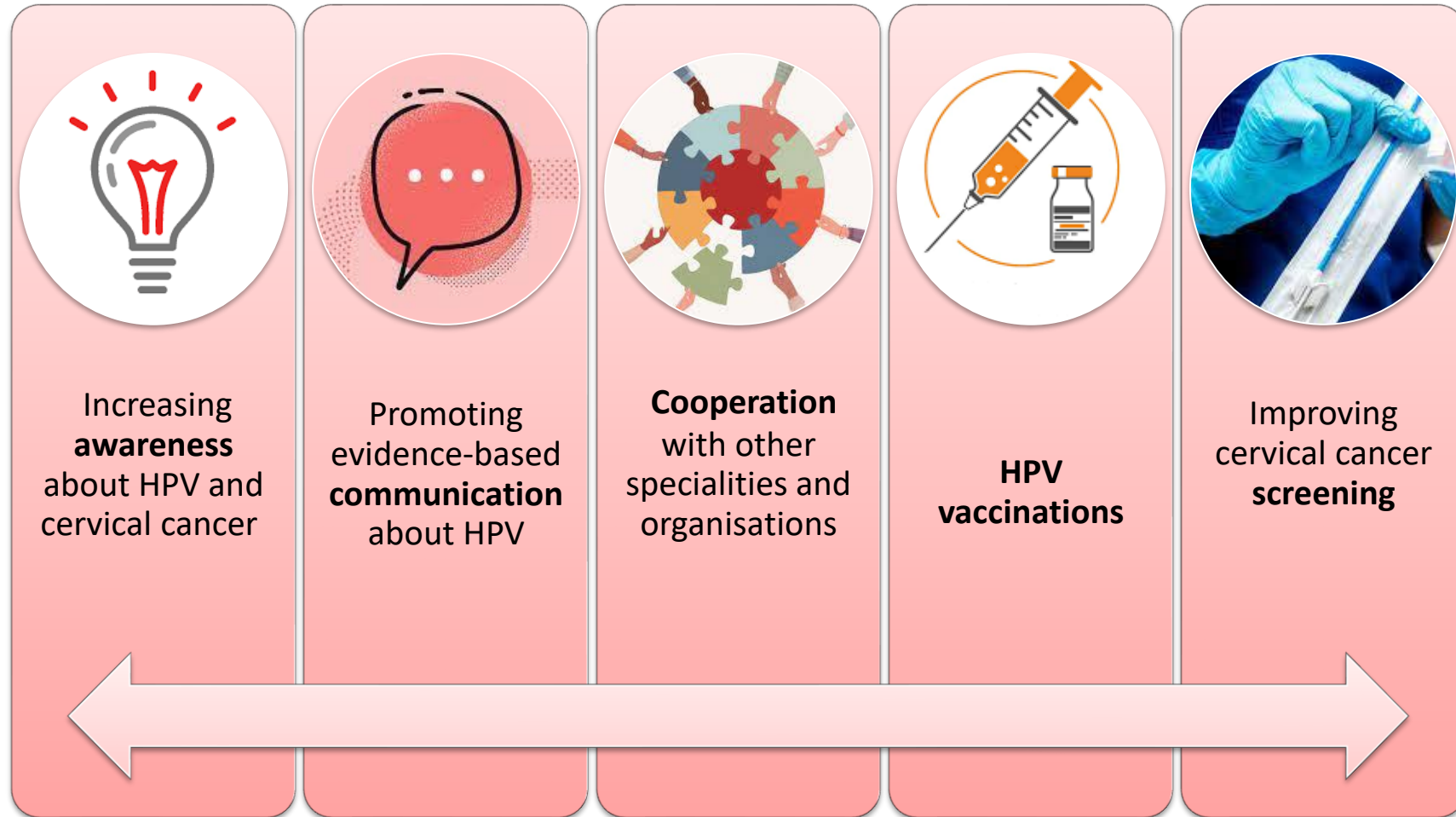


Khayal Gasimli

# Methods



# Five pillars of cervical cancer elimination



# 1. Increasing awareness about HPV and cervical cancer



- **Educating** communities about the importance of cervical cancer prevention is crucial to encourage **participation** in vaccination and screening programmes.
- Introducing public health **campaigns** using culturally sensitive and language-appropriate materials to educate individuals and dispel myths surrounding cervical cancer.
- Promotion of **fashion for cervical health** - similar to anti-tobacco trends, which happen to be very effective in lowering the percentage of smoking individuals in populations if they are widespread and long-term (about 25 years).
- Understanding the role of **social media** and influencers.



## 2. Promoting evidence-based communication about HPV

- Healthcare providers represent the most trusted source of information. Their guidance should be in line with **evidence-based data** and conveyed in **simple language** to inform patient.
- **Insufficient** or **inadequate** information and the spread of **misinformation** represent the main reasons for vaccine hesitancy.
- Cultural beliefs deeply influence people's **perceptions**, especially when it comes to health-related topics. Discussions surrounding sexual health and HPV are often considered **taboo**.
- It is of major importance to **acknowledge the individuality** of each culture and to **adapt** the communications strategies accordingly.
- Including **community figures** such as religious or cultural leaders who understand both the cultural intricacies and the importance of HPV prevention and vaccination seems crucial to achieve the deepest impact of this communication



# 3. Cooperation with other specialities and organisations

- Cooperation between **various medical specialities**: gynecologists, gynecologic oncologists, primary care specialists, laryngologists, general surgeons, dermatologists, urologists, pediatricians.
- Having the **highest number** of patient-doctor visits, primary care plays pivotal role in this process.
- **Continuous education** of general practitioners, nurses, dentists, paediatricians, school doctors and school nurses is crucial as their knowledge and communication strategies can significantly influence the decisions of their patients' willingness to get vaccinated or screened.
- Cervical cancer survivors can serve as **advocates** for educating women and girls about vaccination, screening and treatment.



# 3. Cooperation with other specialities and organisations

- Strong cooperation is necessary with the participants of **education system**. School-based approach of vaccination is appropriate, with studies demonstrating overall better coverage and equity.
- National health care systems must ensure the **availability of health care services**, there should not be any barriers for women practicing their right for health.
- In order to get more people involved in cervical cancer prevention governments need to cooperate with the **private** sector.
- To promote the elimination of cervical cancer multisectoral collaboration is needed on national, **regional** and **global** levels. Cooperation between national **governments**, institutions of UN, professional **associations** and **academic** institutions can help to build capacity, transfer skills and strengthen collaboration.



# 4. HPV vaccinations

- The European Society of Gynecologic Oncology (ESGO) supports **gender-neutral vaccination programs for children and young adolescents**, with a catch-up program for young adults, and vaccination on an individual basis.
- The ESGO and the European Federation for Colposcopy (EFC) are committed to provide appropriate information and **education for women**, not only in their role as **patients** but also even more importantly in their role as **mothers** of the next generation.



# 4. HPV vaccinations

- To address vaccine **affordability** by negotiating prices with manufacturers, providing subsidies, and/or developing generic versions.
- To ensure universal access, we propose implementing **government-funded vaccination programs** and/or partnering with international organizations to provide vaccines at reduced rates.
- To appoint **national HPV elimination boards** responsible for HPV elimination strategy, monitoring, quality assurance, education, communication, crisis communication.
- To collect reliable information regarding **current vaccination, screening and treatment rates** in different countries/regions. Based on this data - to provide **action plans** for different countries/regions to achieve 90-70-90 target, **share good practice** from countries which achieved the target.



# 5. Improving cervical cancer screening

- **Migration health:** overcoming inequality in access to HPV-related disease prevention, including inequality caused by military conflicts.
- Assessment of health education levels and delivering health education about screening as part of **integration programmes**.
- Prevention programs should prioritize **equity** and aim to address disparities in access to healthcare services. This includes providing services to **vulnerable populations** such as women living with HIV, indigenous populations, and refugees.
- Improving access to screening tests: **self-sampling**.



# 5. Improving cervical cancer screening

- Investing in **healthcare infrastructure, healthcare workforce training, and health system** strengthening to ensure sustainable and effective cervical cancer prevention and treatment services.
- Addressing the need for increased **funding** and **resources** for cervical cancer prevention programs, including **research**, development of **new technologies**, and expansion of screening and vaccination services, particularly in resource-limited settings.
- Need for organisation and implementation of **high quality, evidence-based governmental programmes**.
- Introducing **HPV testing** in countries/populations, in which it is not performed.



# 5. Improving cervical cancer screening

- Implementation of **unified national and international registries** including information about results and **follow-up** from the HPV vaccination and cervical screening programmes – similar to cancer data registries.
- Aim: achieving data on the **quality, effectiveness and continuity of programmes** in order to ensure continuous improvement, identification and elimination of potential programme shortcomings.





# Work in progress



Thank you for your attention!