



AN EUROPEAN NETWORK TO PROMOTE HPV VACCINATION,
TO STUDY HPV AWARENESS IN THE NEW EU MEMBER
STATES AND TO FACE CERVICAL CANCER BY A PREVENTION
CAMPAIGN (AURORA)

Call for proposal Public Health 2009

1.1 Priority area

PROMOTE HEALTH (HP-2009)

1.2 General framework

Worldwide, cervical cancer (cancer of the cervix) is the second or third most common cancer among women (cervical cancer and colorectal cancer are virtually tied for second place after breast cancer) with an estimated 500.000 new cases and almost 260.000 deaths in 2005¹.

Countries that have organised cervical cancer screening programs have substantially reduced cervical cancer incidence and deaths. In Western Europe the coverage of cervical cancer screening ranges from 27% in Spain to 93% in Finland (unfortunately, the high-risk group of patients is often not covered by the screening programs)². However, cervical cancer remains one of the major causes of cancer death for women in the EU. It is estimated that in 2004 some 31.000 women in the EU (at 25 Member States) developed cervical cancer and almost 14.000 died for the disease³. Cervical cancer is caused by certain genotypes of the human papilloma virus (HPV). In different studies, HPV DNA was detected in more than 90% of cervical cancers^{4,5}. HPV infections are both extremely common and readily transmitted between sexually active adolescents and young adults. Prevalence studies in adolescent or college-aged women report that at any single point in time approximately 20-25% are HPV DNA positive⁵. After 2- 3 years of follow-up the cu-

¹ Comprehensive cervical cancer control: a guide to essential practice. WHO (2006).

² Van Ballegooijen M et al. Overview of important cervical cancer screening process values in EU countries and tentative prediction of the corresponding effectiveness and cost-effectiveness. Eur J Cancer 2000, 36: 2177-88.

³ M Arbyn, A. Raifu, P Autier, and J Ferlay. Burden of cervical cancer in Europe: estimates for 2004. Ann Onc 2007

⁴ Muñoz N, Bosch FX, de Sanjose S, Herrero R, Castellsague X, Shah KV, Snijders PJ, Meijer CJ; International Agency for Research on Cancer Multicenter Cervical Cancer Study Group: Epidemiologic classification of human papillomavirus types associated with cervical cancer. N Engl J Med 2003; 348: 518-527

⁵ Walboomers JM, Jacobs MV, Manos MM, Bosch FX, Kummer JA, Shah KV, Snijders PJ, Peto J, Meijer CJ, Muñoz N: Human papillomavirus is a necessary cause of invasive cervical cancer worldwide. J Pathol 1999; 189: 12-19 .



ulative detection of HPV in the sexually active young women in the Western world is as high as 60 – 80%⁶.

Vaccination and Screening have been recognized as the only two most effective tools in reducing the burden of infectious diseases and the early diagnosis of cervical cancer. There are two vaccines products currently available in Europe. Vaccines, recently developed, have been introduced, according to common European Union-wide regulatory procedures, since 2006, implying that they are licensed for common indications and population groups across the EU. Nevertheless, European countries often use different schedules, concurrently administer different vaccines, measure vaccine coverage in different ways or in different age groups and have different systems for monitoring adverse events following immunisation. The public health assessment of newly licensed vaccines is carried out simultaneously but independently in each country in Europe. Although immunisation programmes are devised at a national level, these have an impact beyond borders, especially in a context of free circulation of people and therefore infections within the EU. The enlargement of the EU, from 15 to 25 Member States in 2004, and to 27 in 2007, is also likely to have increased the variability of this framework. So far, there have been several projects addressing vaccination from an EU perspective, but opportunities to exchange immunization programme experiences in Europe have been limited.

1.3 Summary (objectives, methods, expected results)

AURORA project will be aimed to establish an European network of experts coming from New EU Member States able to identify:

- a new strategy to carry out a prevention campaign targeted young people in these countries;
- a common method to collect and analyze the available data;
- a new way to exchange best practices and experiences in the fight against CERVICAL CANCER spreading all over the Europe;
- to improve knowledge about prevention programmes in the EU.

In fact, the vaccination with the HPV vaccines does not give 100% protection against cervical cancer: HPV types 16 and 18 covered by the vaccines account for around 70% of cervical cancers in women worldwide⁷.

Therefore, HPV vaccination is not a replacement for routine cervical screening. Since no vaccine is 100% effective and HPV vaccines will not provide protection against non-vaccine HPV types, or against existing HPV infections, it is recommended that authorities carry out organised population-wide, quality assured cervical screening by pap smear or

⁶ Winer RL et al. Am J Epidemiol 2003, 157:218-26.

⁷ Bosch FX, Lorincz A, Munoz N, Meijer CJM, Shah KV. The causal relation between human papillomavirus and cervical cancer. J Clin Path 2002; 55:244-265



HPV DNA test. This screening should take account of the “European guidelines for quality assurance in cervical cancer screening and diagnosis”, as recommended by the EU.

According to this context AURORA project will deal with the following issues identified by the EC:

- Insufficient coverage data on cancer screening.
- Insufficient coverage data on HPV vaccines.
- Communication, e.g. informing the public that HPV vaccination does not replace cancer screening.
- Ethical issues.

AURORA project will be structured in four macro-tasks:
analysis of the local contexts and the scientific aspects of the cervical cancer spreading in Europe studying the literature on the theme and about the different local contexts;

define and exchange good practices using questionnaires and interviews with opinion leaders and sector operators and semi-structured interviews with social, health and educational operators working in the field of cervical cancer prevention.

European prevention campaign. The AURORA prevention campaign will support three intervention modalities acting to create conditions to help people to increase their knowledge about cervical cancer and to reduce the risk. In addition, the prevention campaign will be based on “Actions in traditional field” as flyers with prevention information, posters and handbooks and “Actions in digital field” as a project web site. Finally, the local partners will work to implement the local activities, in particular the experimentation of new prevention campaigns. All the actors involved will define a common plan of action to implement the campaign with same guidelines. In this way the common plan of action will ensure the collection of data and information starting from a common ground. Moreover, all the collected data and information will be compared and shared to improve the future prevention campaign.

Deadline: 10th April 2009

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