IPVS statement moving towards elimination of cervical cancer as a public health problem

IPVS is releasing a Call to Action to health authorities to adhere to international standards developed by WHO to develop national, regional and local plans to ultimately achieve the goal of cervical cancer elimination as a public health problem. A markedly reduced incidence of cervical cancer is possible in the near term, with elimination thereafter, if high rates of HPV vaccination and cervical screening are achieved.

The facts:

Every 2 min a woman dies of cervical cancer

- Cervical cancer is a cancer caused by human papillomavirus (HPV) infection, which can be effectively prevented as a public health problem by vaccination and screening.
- Highly safe and effective vaccines that can prevent the majority of HPV infections that cause cervical and other HPV-associated cancers are available.
- Tests to screen for, and methods to treat, cervical pre-cancerous lesions are available and are proven to reduce cervical cancer incidence.
- Combining HPV vaccination at high coverage for adolescents and high coverage of cervical screening, with appropriate treatment of all women, can eliminate cervical cancer as a public health problem.
- Recent modelling suggests that, with the tools available, elimination of cervical cancer in local populations is achievable within our lifetime. To achieve this, these effective and cost-effective prevention methods will need to be expanded, to include those not currently vaccinated or screened.
- Broad dissemination of HPV vaccines has been achieved in some low and high resource countries, but needs to be scaled up globally, to reach the majority of age eligible individuals.

Today we are poised to markedly reduce the incidence of cervical cancer, with the vision of eventually eliminating it as a public health problem, using the combination of sustained high coverage HPV vaccination and sustained high coverage screening with treatment.

Please help spread the message that we can markedly reduce cervical cancer. We have the science and the tools. We now urgently need the policy, the resources, political will and the public's determination to move forward to implement these actions.

CONFLICT OF INTEREST

Professor Suzanne Garland, has received Grants to her institution from Commonwealth Department of Health for HPV genoprevalance surveillance post vaccination, Merck and GSK (GlaxoSmithKline) to perform phase 3 clinical vaccine trials: Merck for an investigator initiated grant to evaluate HPV in RRP post vaccination programme, Seqirus for HPV in Australian cervical cancer HPV genotyping study, & VCA (Victoria Cancer Agency) for a study on effectiveness of public health HPV vaccine on HPV genoprevalence and CIN3 in vaccine-eligible age women. She has received speaking fees from MSD for work performed in her personal time and Merck paid for travel & accommodation to present at HPV Advisory board meetings.

Dr. Giuliano’s institution has received investigator initiated research grants from Merck & Co, Inc. on her behalf. She is also a member of the Scientific Advisory Board and Global Advisory Board of Merck & Co, Inc.

Dr Julia Brotherton has been an investigator on investigator initiated HPV epidemiology studies which have received unrestricted partial funding for laboratory components from Seqirus (cervical cancer typing study) and Merck (recurrent respiratory papillomatosis study) but has never received any personal financial benefits.

Dr. Moscicki is a member of the Global Advisory Board of Merck & Co, Inc.

Professor Stanley has acted as consultant and advisor to Merck USA, MSD Europe and GSK Biologicals Wavre Belgium

Andreas Kaufmann has received speakers honoraria from Merck, GSK, and Roche.

N. Bhatla advises No conflict of interest.

R. Sankaranarayanan advises No conflict of interest.

Joel Palefsky: Merck and Co: scientific advisory board, grant support, travel support. No funds to me or my institution.
Antiva Biosciences: Grant support, advisory board
Agenovir: Grant support
Vir: advisory board, stock options
Ubiome: advisory board, stock options
Silvia de Sanjose advises No conflict of interest.

SM Garland\textsuperscript{a,b,c,1}
\textsuperscript{a} Department of Microbiology and Infectious Diseases, Royal Women's Hospital, 30 Flemington Road, Parkville 3052, Australia
\textsuperscript{b} Murdoch Childrens Research Institute, 50 Flemington Road, Parkville 3052, Australia
\textsuperscript{c} Department of Obstetrics and Gynaecology, University of Melbourne, Parkville 3052, Australia
E-mail address: Suzanne.Garland@thewomens.org.au

A. Giuliano
Center for Infection Research in Cancer (CIRC)
E-mail address: anna.giuliano@moffitt.org

JML Brotherton\textsuperscript{a,b}
\textsuperscript{a} VCS Registries, Victorian Cytology Service, Level 6, 176 Wellington Parade, East Melbourne 3002, Australia
\textsuperscript{b} School of Population and Global Health, University of Melbourne, Parkville 3052, Australia
E-mail address: jbrother@vcs.org.au

AB Moscicki
Department of Pediatrics, David Geffen School of Medicine, University of California, Los Angeles, 10833 Le Conte Ave. MDCC 22–432, MC:175217, Los Angeles, CA 90095, United States
E-mail address: AMoscicki@mednet.ucla.edu

M. Stanley
Department of Pathology, Tennis Court Road, Cambridge CB2 1QP, United Kingdom
E-mail address: mas1001@cam.ac.uk

AM Kaufmann
Gynäkologische Tumorimmunologie, R. 4503 Gynäkologie, Charite-Universitätsmedizin Berlin, Campus Benjamin Franklin, Hindenburgdamm 30, 12200 Berlin, Germany
E-mail address: Andreas.Kaufmann@charite.de

N. Bhatla
Department of Obstetrics & Gynaecology, All India Institute of Medical Sciences, New Delhi 110029, India
E-mail address: neerja.bhatla07@gmail.com

R. Sankaranarayanan
Screening Group, Section of Early Detection and Prevention, International Agency for Research on Cancer, World Health Organization, 150 cours Albert Thomas, 69372 Lyon CEDEX 08, France
E-mail address: sankar@iarc.fr

JM Palefsky
University of California, San Francisco, 513 Parnassus Ave Box 0654, San Francisco, CA 94143, United States
E-mail address: joel.palefsky@ucsf.edu

S. de Sanjose, on behalf of IPVS
Cancer Epidemiology Research Programme, IDIBELL, CIBERESP, Institut Català d’Oncologia, Av. Gran Via de l’Hospitalet 199–203, 08908 L’Hospitalet de Llobregat, Spain
E-mail address: desanjose.silvia@gmail.com

\textsuperscript{a} Correspondence to: The Royal Women's Hospital, Locked Bag 300, Cnr Grattan St & Flemington Rd, Parkville VIC 3052, Australia.
\textsuperscript{b} SM Garland, JML Brotherton, AB Moscicki, M Stanley, AM Kaufmann, N Bhatla, R Sankaranarayanan, are Members of the Policy Committee of IPVS.
Author/s: 
Garland, SM; Giuliano, A; Brotherton, JML; Moscicki, AB; Stanley, M; Kaufmann, AM; Bhatla, N; Sankaranarayanan, R; Palefsky, JM; de Sanjose, S

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