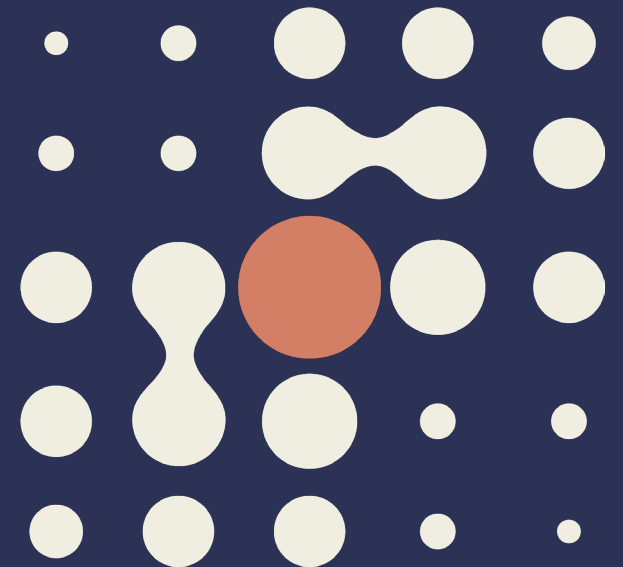


Overview on IARC's projects targeting at-risk population

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International Agency
for Research on Cancer





No Conflict of Interest

Where authors are identified as personnel of the International Agency for Research on Cancer/World Health Organization, the authors alone are responsible for the views expressed in this article and they do not necessarily represent the decisions, policy, or views of the International Agency for Research on Cancer/World Health Organization.

Vulnerable populations & migrants



European Commission



Europe's Beating Cancer Plan

Communication from the commission to the European Parliament and the Council



Migration Background ?



World Health Organization

30 October 2023

Global research agenda on health, migration and displacement

Strengthening research and translating research priorities into policy and practice

<https://www.who.int/publications/i/item/9789240082397>

Overview of IARC's studies

Ongoing

RISCC - H2020/EU

Risk-based Screening for Cervical Cancer.

EF - Sweden

Concomitant HPV vaccination and screening

Cancer Radar

Quantifying (cervical) cancer burden among migrants across Europe

Planned

Even Faster Implement – H2024/EU

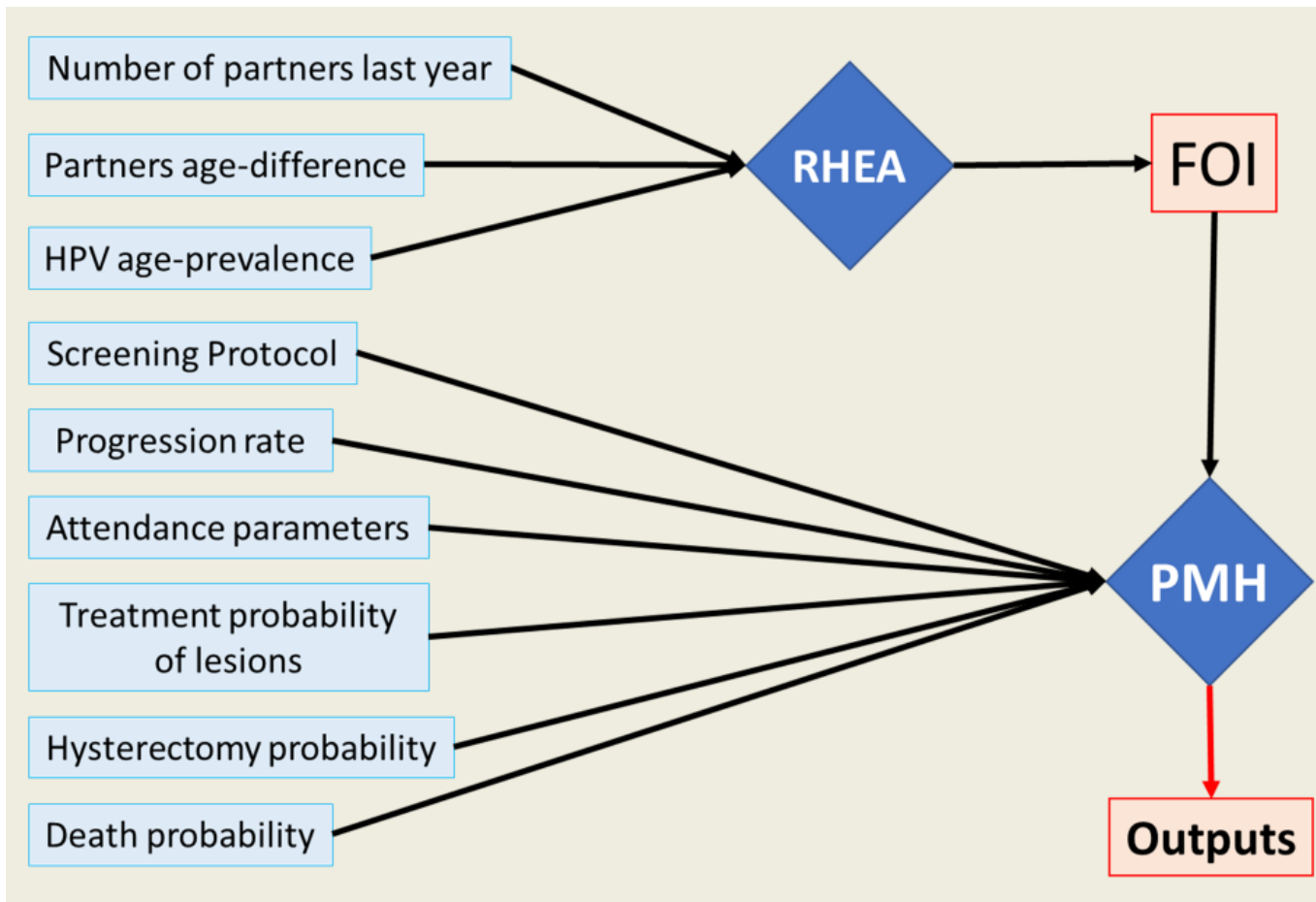
Offering combined HPV vaccination and HPV test-based cervical screening to vulnerable populations. A hybrid efficacy and implementation study.

EMPOWER – UICC 2024

Enhancing Measures for Promoting HPV vaccination and early detection Of cervical cancer among Women with a migration background in Sweden and the Netherlands

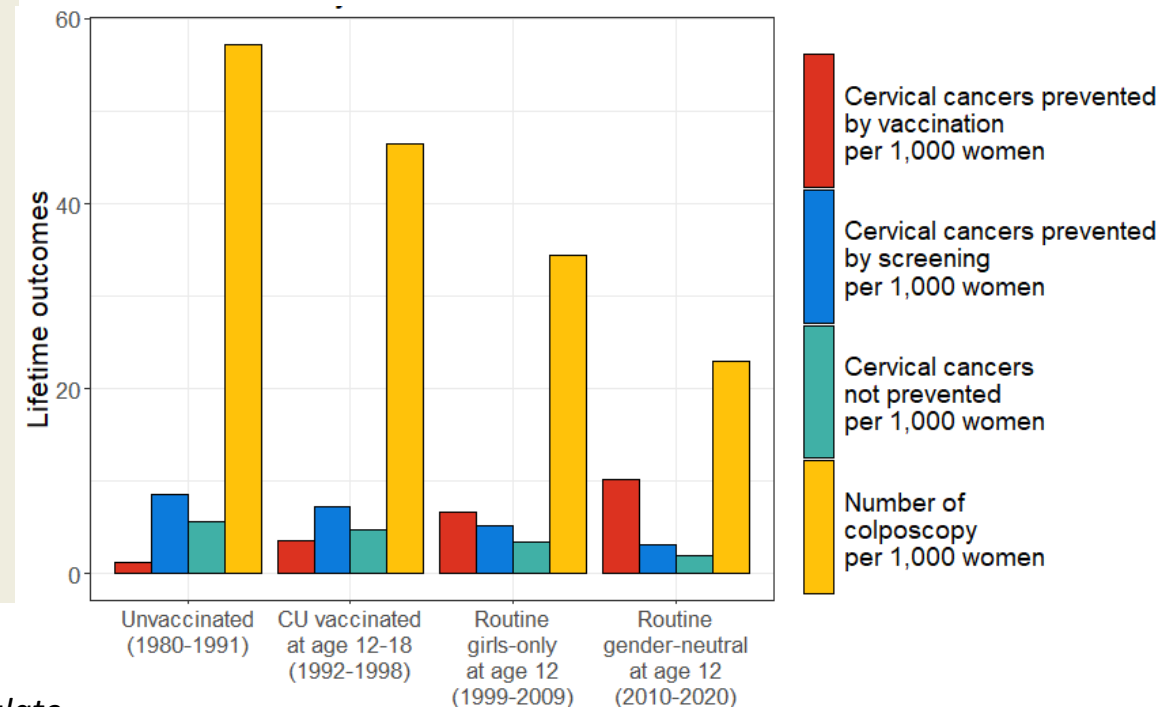
RISCC – Main Objective

To develop and evaluate risk-based screening policies for cervical cancer and provide open-source implementation tools (end date 31.12.2024)



Workflow designed to a range of risk-based protocols based on EU experiences (NL, SW, IT).

Workflow can be adapted to any EU countries or sub-population if data to inform the model (PROMETHEOS) are available.



RISCC – Key risk-factors

- HPV genotype
- Age group
- Vaccination status (birth cohort or individual) by vaccine type

GUI for screening algorithm design

Primary and triage test

test HPV (negative, positive) test cyto (negative, positive)

Waiting

wait 6 mths wait 12 mths wait 18 mths wait 24 mths

Referral actions

Colposcopy

Next invitation

invite in 12 mths invite in 24 mths invite in 60 mths invite in 120 mths

Remove item

Screening algorithm viewer

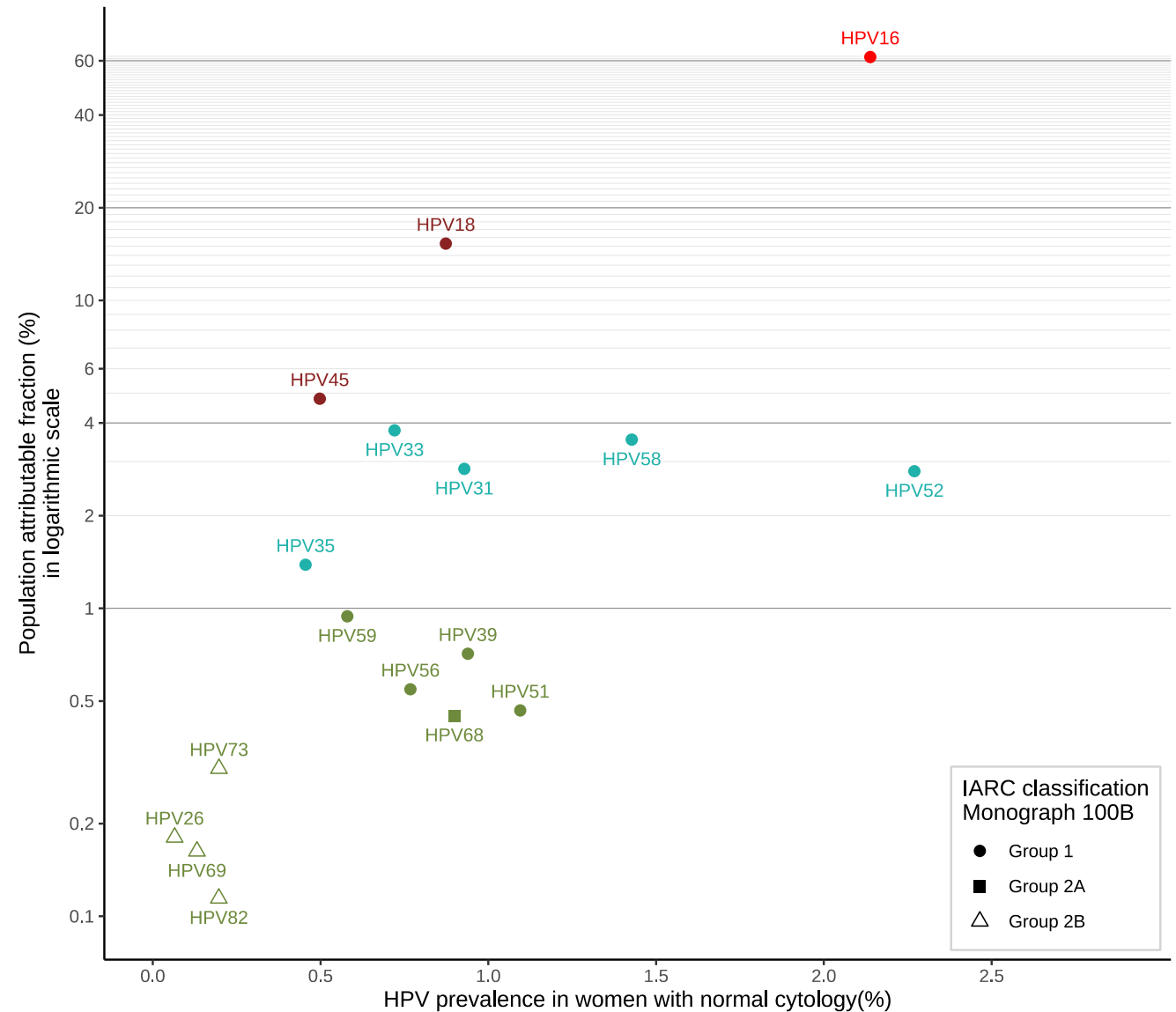
screen-01

[1] "click on the node to expand or remove"

All branches must end by Treatment or Invitation (red box)

Export screening algo...

HPV type-specific prevalence in women with normal cytology versus corresponding population attributable fraction in invasive cervical cancer.



Modelling the impact of Concomitant HPV Vaccination and HPV Screening in Sweden

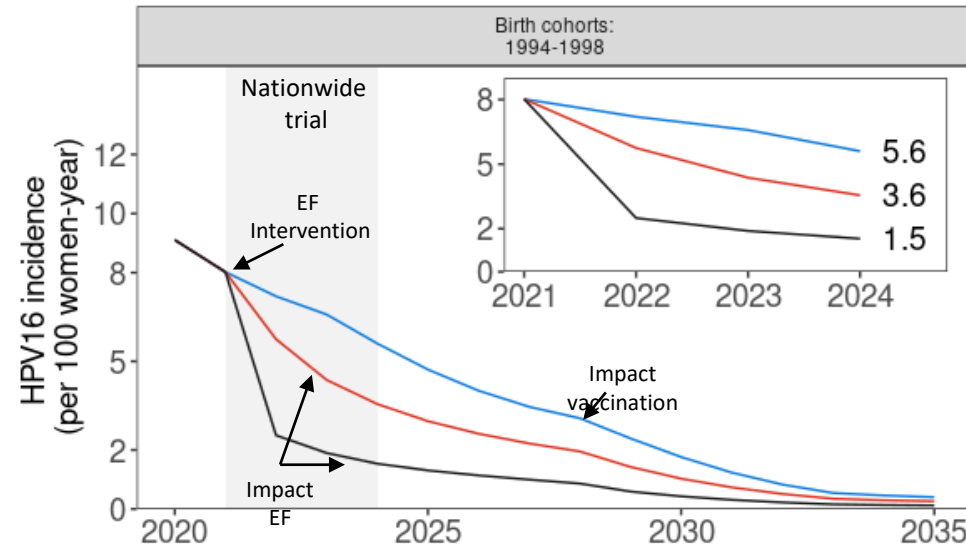
Modelled scenarios & outcomes

Simulated population*: Swedish vaccinated birth cohorts (1994-1998) of women targeted by the nationwide trial

Intervention: Concomitant HPV vaccination and HPV-screening (Even Faster [EF]) in 2021 (adherence: 30%/90%)

Model results

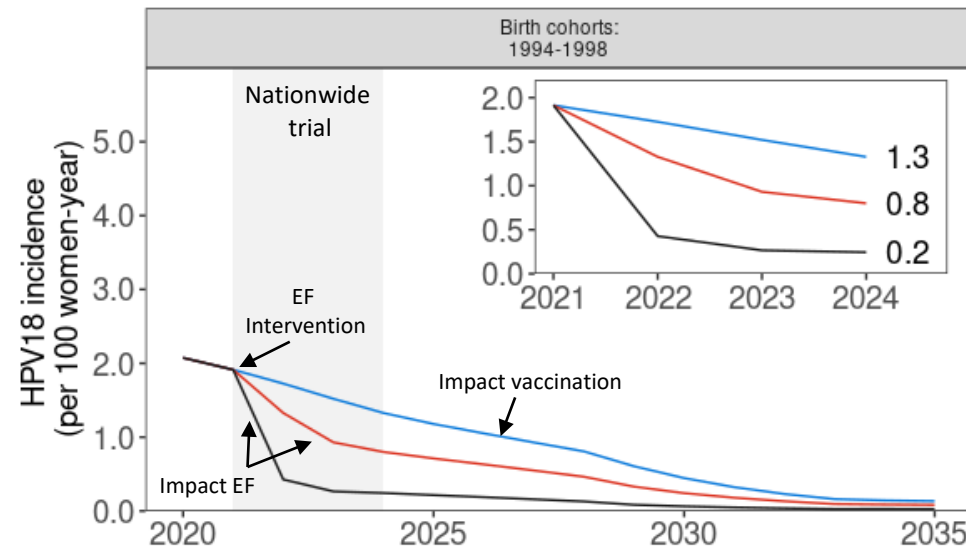
- Implementation of concomitant HPV vaccination and HPV-screening in 2021 was estimated to **reduce the incidence of high-risk HPV** infections among Swedish women born in 1994-1998
- From 2020 to 2024, assuming 30% adherence, HPV16 and HPV18 incidence was estimated to decrease:
 - HPV16: from 9.1 to 3.6 (per 100 women-year)
 - HPV18: from 2.1 to 0.8 (per 100 women-year)



— Routine (>1999) + Catch-up 13-18 years (1993-1998)

— Strategy above + 30% Even Faster in 2021 (1994-1998)

— Strategy above + 90% Even Faster in 2021 (1994-1998)

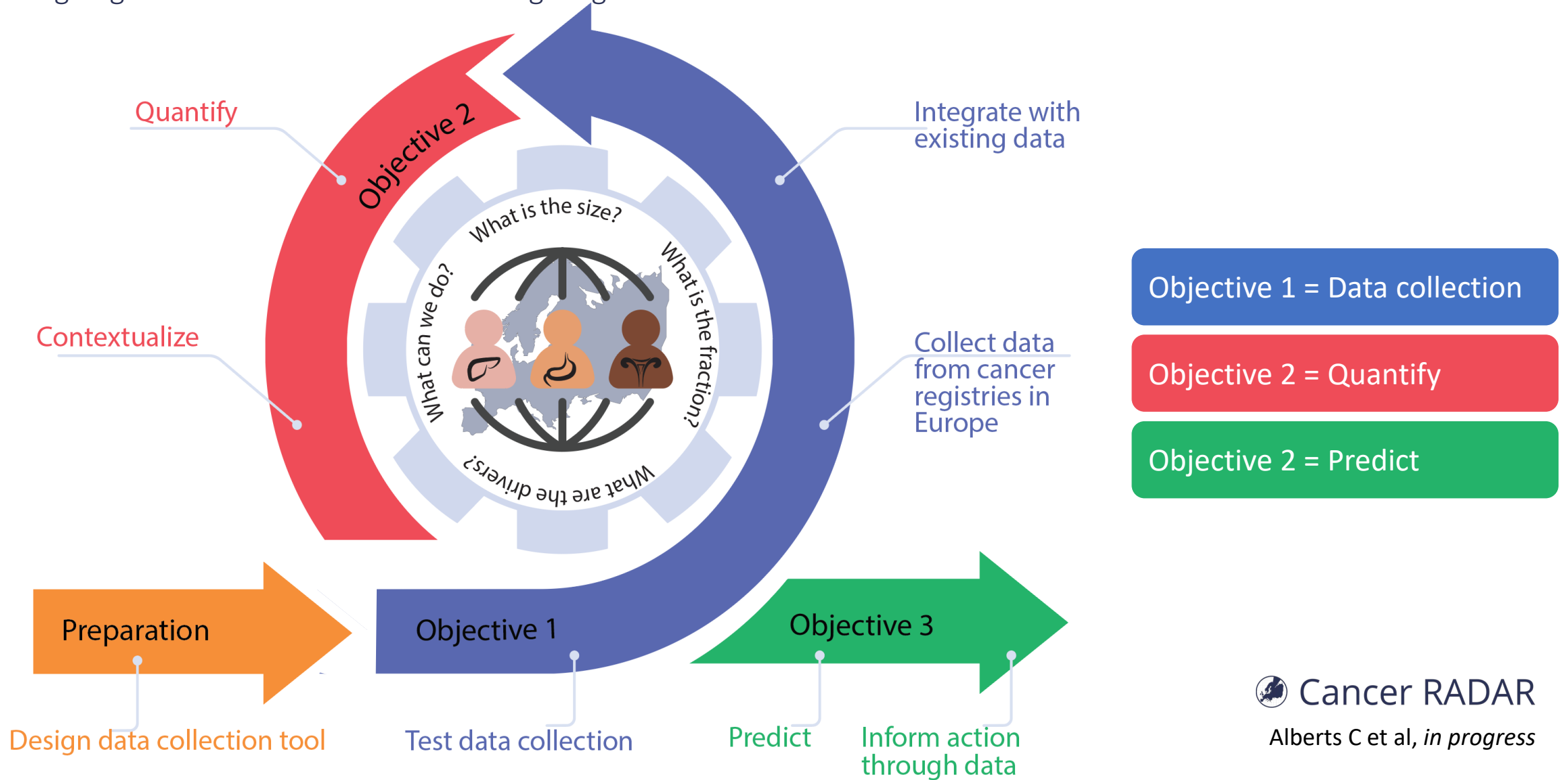


Arroyo Mühr LS, et al.
Nat Commun. 2024

Notes: * Vaccination was assumed to start in 2007 in Sweden with catch-up vaccination (coverage ~55%; age 13 to 18 years) for birth cohorts 1993-1998; routine vaccination for women born in 1999 onwards (coverage >80%; age 12 years); and gender-neutral vaccination was implemented from 2021 onwards.

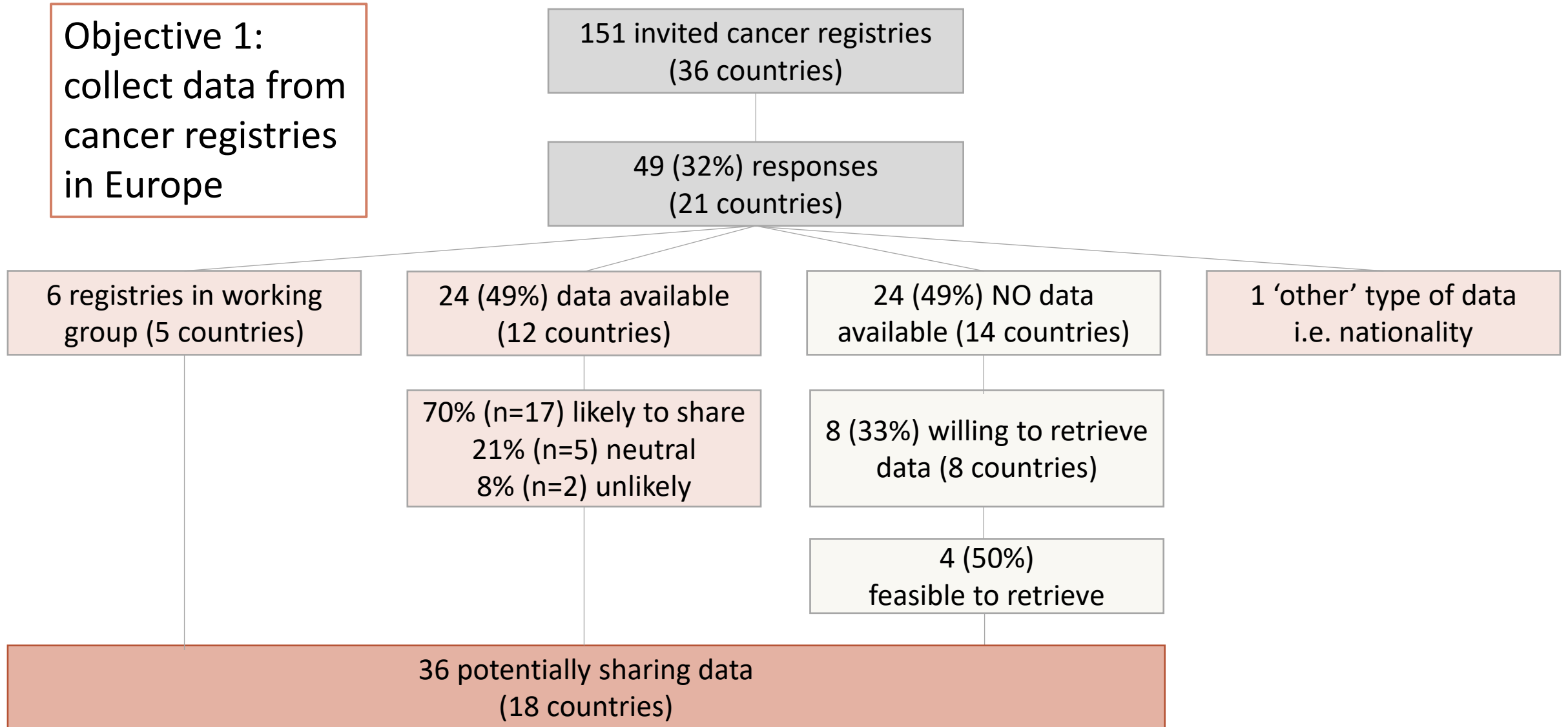
Cancer RADAR – Aim:

to provide a Europe-wide quantification of the current and future expected disparities of infection-related cancers among migrants and translate these findings together with stakeholders into action.



Cancer RADAR – survey results (29 May 2024)

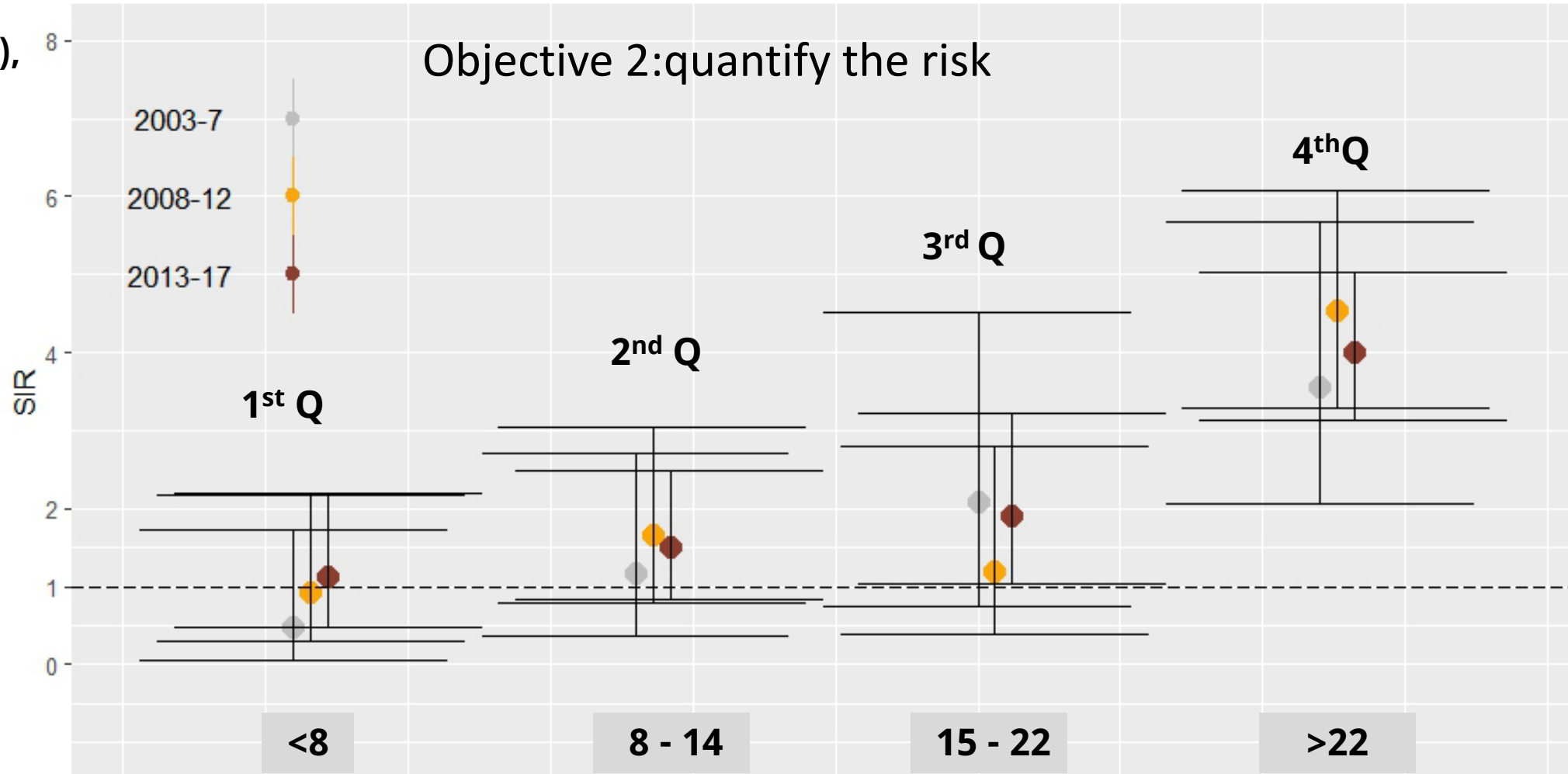
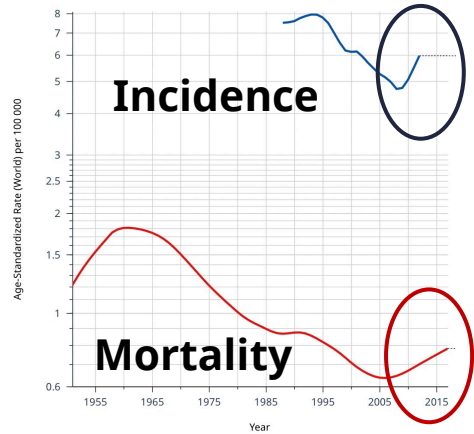
Objective 1:
collect data from
cancer registries
in Europe



Preliminary data from Piedmont Cancer Registry

SIRs by Quartiles of Age-Adjusted Rates in the Country of Origin (source: GLOBOCAN)

ASIR per 10⁵, time trends (1950/88 to 2017), Italy.



Future steps & perspectives

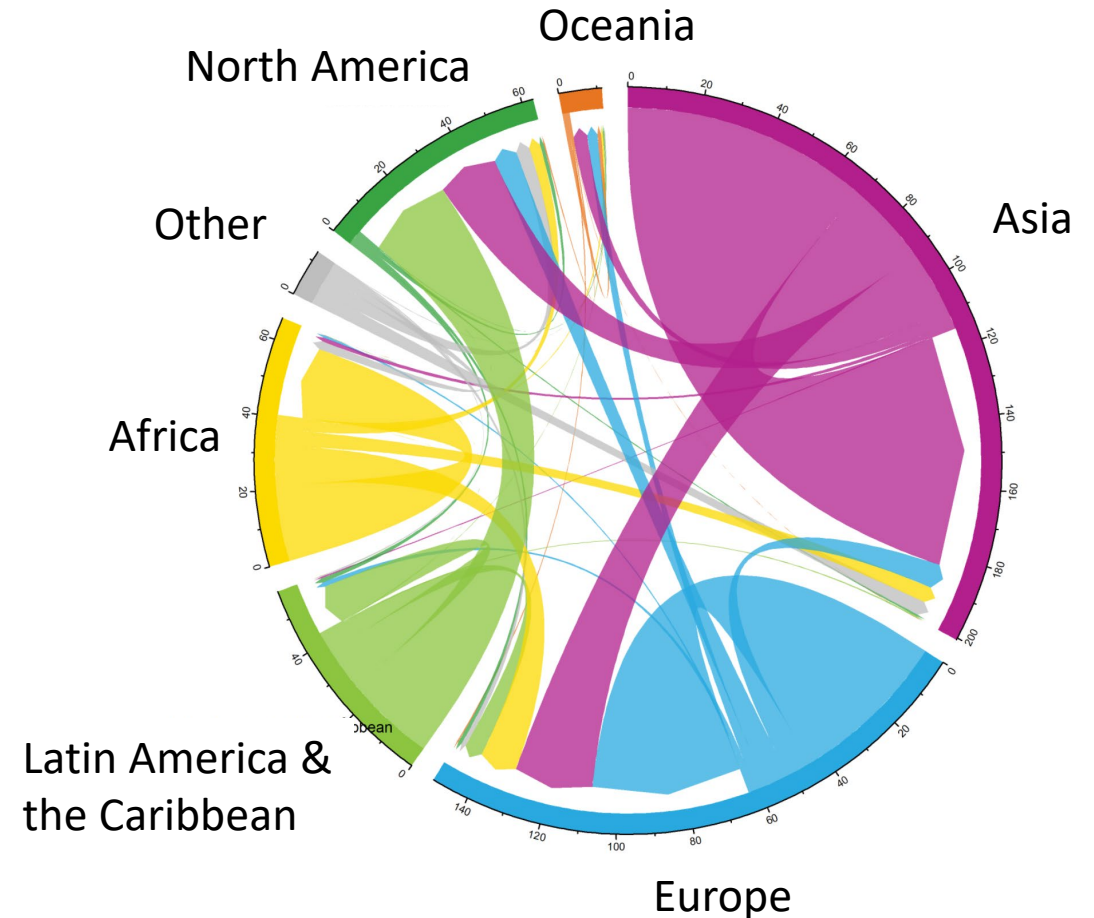
Europe

Model-based evaluation to measure the effectiveness in preventing cervical cancers, the additional demand of economic resources (for scaling up the pilot) and the benefits to harm ratio of the HPV-FASTER over standard of care.

HPV-FASTER interventions will be piloted in a range of real-life settings in two proposed implementation studies

- Even Faster Implement – H2024/EU
- EMPOWER – UICC 2024

Global landscape



Arrows show corridors of migration from the region of origin leading to the region of destination, scaled to size.

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- RISCC consortium
- IACR/ENCR

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