Country meeting Poland
HPV prevention and control landscape and the way forward

Warsaw, Poland

23-24 November 2023

marc.baay@p-95.com

HPV Prevention and Control Board

www.hpvboard.org

DISCLAIMER

"If you want me to give you a two-hour presentation,

I am ready today.

If you want only a five-minute speech,

it will take me two weeks to prepare."

Mark Twain

Context – Polish history in HPV science

- Professor Stefania Jablonska
- The first to link HPV to skin cancer
- Chair of the Dept of Dermatology at the age of 30
- (Co-)Authored > 1000 papers, >14000 citations, Hi = 56
- She put Poland on the global map in the field of HPV research

Context – Prevention in Polish Healthcare

- National Health Plan
- National (shaping and implementation), regional (16 voivodeships, awareness), local (poviats, immunization)
- Cervical cancer prevention is one of eight prevention programs
- National Immunization Plan since 1960
- Some vaccines are mandatory, whereas others are recommended
- June 2023 - HPV recommended but free of charge, gender-neutral vaccination, 12-13 years, both 2v/9v available
- Vaccination through outpatient facilities on appointment
- Before, local HPV programs (started in 2009)

Context – Burden of HPV related disease in Poland

- In 2019, 4418 HPV attributable cancers occurred in women, and 1623 in men
- In women, prevalence of cervical lesions is reducing slightly, with cervical cancer in situ partly replacing invasive disease suggesting impact of screening
- In men, oropharyngeal cancers increase
- Although cervical cancer incidence in Poland has fallen below levels in other European countries, the same is not true for mortality, potentially due to treatment inequality (access to healthcare, and variability in quality/performance of treatment)
- Urbanisation has little impact on screening uptake, but education level has strong impact – focus efforts to improve coverage

Context – cervical cancer screening in Poland

- Organised screening from 2006/7 to 2015, then invitations stopped
- 3 million cytologies per year, but 40-50% of the target population don't get any smears
- Central registry necessary to have good, reliable data
- Change to HPV-based screening – HIPPO project, early data show an increased detection rate of CIN2+
- Wide access to screening; central database; quality assurance at each step; fail-safe system (LTFU)
- Standardisation of diagnostic and therapeutic procedures
- Courses for certification for cytologists and colposcopists

Context – cervical cancer screening in Poland

- Online search tool for clinics
- 109 centres for colposcopy in 16 voivodeships
- From 2025, mandatory certification (free of charge)
- QC for colposcopy centres, with KPIs
- Prevention is complex – ABCD: prevention Actions; Base activity; Catching the patient on every occasion; Decision based on self-awareness
- Regarding self-sampling, intention to introduce for the hard-to-reach population, not for everybody (as in Sweden, NL, Australia)

Context – experience from other countries

- HPV based clinical test: high analytical specificity, high clinical sensitivity and specificity.
- Only 17 HPV tests validated for use in clinical management (according to Meijer guidelines, not FDA)
- Slovenia, change from opportunistic to organised screening: fixed reimbursement for private and public sector, certified labs (from 25 to 7), central registration, only invites to those not screened in last 3 years. Coverage from 40% to 70-80%
- Australia, reduction in incidence plateaued with cytology, 80% of cases diagnosed in under-screened. From 2017, HPV-based screening. Self-sampling initially for under-screened, later for entire population. Single national register.

Context – HPV-related cancer treatment

- Surgical treatment of early forms of cervical cancer is changing to a less radical procedure
- Adding chemotherapy before radiochemotherapy improves treatment outcomes in locally advanced disease
- Immunotherapy is increasingly used in the treatment of advanced and recurrent cervical cancer
- The incidence of HPV+ oropharyngeal squamous cell carcinoma is rising rapidly, and will continue to do so, until the benefits of gender-neutral prophylactic HPV vaccination will begin to show
- HN cancers quickly spread to lymph nodes. This may be the first symptom -> advanced stage

Context – HPV and the microbiome

- Next generation sequencing has made it possible to look at the microbiome in detail
- This makes it possible to look at the microbiome before and after treatment with pre- and probiotics, to see if, and how they work
- Current studies do not provide sufficient evidence for the use of pre- and probiotics to “treat” HPV infections. Study sizes were too small, and hardly any placebo-controlled studies have been published
- However, HPV positive women without lesions don’t want to wait, they want to act – by using products without evidence base

Context – vaccine confidence / training

- Definition: delay in acceptance or refusal of vaccine
- Continuum from believers to anti-vaxxers, with group in the middle that can be helped to make a decision on vaccination
- Three groups of important factors: vaccine-related factors, individual factors, contextual factors
- Confidence in HPV vaccine is lower than in other vaccines
- HCP are a trustworthy source, BUT they do not feel they have knowledge to answer all questions from parents/vaccinees
- Tailor-made training needed, including on communication skills

Context – Advocacy groups

- Kwiat – started by cervical cancer survivor
- Take topic out of taboo sphere
- Use emotions to get interest
- 30,000 women in F2F actions
- Hotlines for emotional, psychological, and legal support
- Mobile gynaecology office, offering cytology, HPV testing but also PSA testing on blood. Follow-up to regional gynaecologists, but also access to country experts.
- No governmental funding, all paid by sponsors

Lessons learned

- Discussing coverage in rural and indigenous communities in Australia, vaccination coverage is high, thanks to the school-based program, while screening is lower in these communities, which can be seen in the incidence of cervical cancer
- Is cytology still the best triage method? When using self-sampling, no material for cytology is available; molecular tests are preferred
- Both in Australia and Slovenia, screening registries have an opt out system, but this option is hardly ever used
- Preteens need HPV vaccine today to be protected from HPV cancers tomorrow

Lessons learned

- Regarding anal screening, no good data are available, and no high-quality screening test is available. Priority groups are MSM with HIV, and women with previous HPV-related disease
- Key message for increased vaccination coverage: “protection of future sexual partners”
- Universities can be used to pick up students who have not had their HPV shot

Lessons learned

- Experience from the UK shows that the anticipation can be more scary than the shot itself. A video can prepare children
- The transition from two doses to one dose was well accepted in the UK.
- Again from the UK, a regular non-structured vaccinators network meeting is helpful to discuss issues that come up.
- Healthcare providers are central in vaccination; they should be included in communication and training.
- Public health is underfunded, prevention will get less than 10% of the budget. A stronger focus on prevention will result in more trust from those who need to be vaccinated.

Lessons learned

- HPV Action Network – not just talk, promote action
- Vaccination is part of leading a healthy life
- 50% of unvaccinated girls would (still) like to be vaccinated
- No introduction without a communication and implementation plan (with social scientists to tailor the message, in appropriate setting: influencers, TikTok, YouTube, but also churches as that will reach 40% of Polish population)
- Crisis response plan to respond quickly to minimize damage to the program
- Example COVID (Omicron): if you promise too much it will backfire
- Some lessons learned during Covid already forgotten (e.g., capacity)

Lessons learned

- Local effectiveness data boost confidence in the program, make sure this information is collected and used.
- Evidence-based, culturally acceptable information necessary.
- F2F preferred. Digital interventions backed up by F2F opportunities
- Vaccinate boys, to protect boys but also to protect girls (reduced transmission)

The way forward

- No data available to determine the attributable fraction in Poland. Further research needed.
- A change from opportunistic to organized screening, as done in Slovenia, may help the screening uptake in Poland.
- Currently, there is a lack of awareness about HPV vaccination, more information needed by stakeholders to increase uptake.
- A clear implementation plan for HPV vaccination, perhaps based on the Covid vaccination program, and ownership of the prevention plan as well as the outcome evaluation plan could contribute to a successful program.
- Midwives may be especially valuable in reaching the hard-to-reach population, as that population never sees the doctor.

The way forward

- Pharmacy-based vaccination for easier access? In Australia, possible for HPV, now that the program is one-dose.
- Train the trainers to spread the knowledge more quickly
- Mix political with personal: the Laura Brennan Catch-up program (talk to the heart)
- Vaccination will also boost screening, and may be used to combine vaccination and screening of the 30-45-year-old women
- [SWOT analyses will not be repeated here, but will be included into the meeting report]

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Feedback welcome!

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