Prevention and control of HPV and HPV related cancers in France: the current landscape and way forward

VEYRIER-DU-LAC, ANNECY, FRANCE (hybrid meeting)

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HPV Prevention and Control Board

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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 – The Health Care system in France

- National Public Health Plan 2018-2022: implement a health promotion policy, including prevention, in all settings and throughout life
- Ten-year strategy for the fight against cancers 2021-2030, with axis 1: Improve prevention
- Complex field: loss of efficiency due to many actors
- The Technical Vaccination Committee is tasked with: vaccine recommendations, immunisation schedule, mandatory vaccinations, minimal disclosures required in publicity campaigns

Context – HPV Vaccination in France

- Vaccination was introduced in 2007 and started out reasonably well
- Miscommunication about the importance of vaccination before sexual activity, and preference for a certain vaccine brand, led to vaccine hesitancy and a 50% drop in coverage.
- Slowly increasing, helped by the law, making vaccination mandatory for other vaccines
- The HPV vaccination is generally given by GP/Ped/Gyn
- Parental consent is needed for an adolescent to get vaccinated
- Girls rely on their mothers for the decision (even more than they rely on their HCP)

Context – HPV Vaccination in France

- Before making several vaccinations mandatory a consensus was obtained among a very broad range of medical societies and public health authorities.
- As these stakeholders also function as a link between politics and public, this helped to improve confidence.
- An example of the impact of medical societies on political decision was the “appel des 50” in March 2019 for universal HPV vaccination, which was finally implemented in December 2019 with reimbursement in January 2021

Context – HPV Epidemiology and Cervical Cancer Screening in France

- HPV-related cancers: OPC – 5000; anal ca – 2000; cervix ca – 3000, vulva/vagina ca – 1000, penile ca – 450
- Paradoxical decrease in 5-year survival for cervical cancer, especially in 60+ (due to low screening in these age groups?)
- Anal cancer rising in both sexes
- Key aspects of surveillance: completeness, comparability, quality
- National Reference Center: expertise; counselling; epidemiological surveillance; signalling of problems

Context – HPV Epidemiology and Cervical Cancer Screening in France

- Roll out of population-based cervical cancer screening region by region
- Big differences between regions and difficulties in the collection of test results (mandatory for evaluation of the screening program)
- Partially due to GDPR: extra box to be ticked, often disregarded

Context – Treatment of HPV-related cancers

- Break in the slope of decrease in incidence and mortality in cervical cancer, indicating that treatment may have to be adapted
- Tumor size and LN status are key in the decision of treatment options
- Fertility-sparing treatment of cervical cancer is successful in early stages, with low recurrence rates, good chance of pregnancy, and of live birth
- The more is excised from the cervix, the higher the risk of miscarriage
- Essential to inform the patient well before procedure

Context – Treatment of HPV-related cancers

- France has the highest incidence in H&N in Western Europe (25% of population is smoking)
- Lack of awareness leads to misdiagnosis and delayed diagnosis
- Because screening is impossible, awareness is even more important
- There is a role for dentist in early detection and referral to ENT
- Similarly, no screening for anal cancer. Recommendation for screening of (HIV+) MSM, still in study phase
- Anal cytology of women with previous lesions in cervix, vagina, vulva

Context – Important stakeholders in decision making in HPV Prevention and Control

- Three types of HCP: favorable, skeptic or hesitant
- Three types of communication: informing, convincing; adapting to parents; uncompromising
- The mother is the key decision maker in health-related issues (including HPV vaccination), the child will follow the beliefs of their mother

Context – Communication and engagement

- Political decisions about health are slow and not always linear
- Easily available information is needed for HCP
- InfoVac was created to fill this void, focussed on Peds, GPs and later at pharmacists and midwives
- To give advice, not recommendations
- Three components: website, Q&A, leaflets
- ‘doing things not done by others’

Context – Communication and engagement

- Communication with adolescents: a role for the schools in improving health literacy and awareness, to instill confidence and motivation
- Using discreet choice experiment, it was found that talking about cancer, protection of others, potential for elimination worldwide, high coverage rates in other countries are important messages to motivate vaccination
- Talking about HPV as an STI does not impact positively or negatively
- In Flanders, the Valentine Symposium helps to educate vaccinators, on all vaccines in the NIP. Non-biased, no support from industry, minimal funding

Issues and challenges – vaccination

- With some vaccines being mandatory, a new vaccine, which is not mandatory, may not be perceived as important, and potentially avoided. The legal aspects of making a vaccine mandatory are heavy and time-consuming.
- 2/3 of parents think the HPV vaccine is risky
- Don’t be too strong on anti-vaxxers, as this may tip the scales in a negative way

Issues and challenges – screening/treatment

- Quality Control is not obligatory for private pathology labs
- Any laboratory (biology/pathology) can perform (HPV) tests, but they have to be accredited (ISO15189)
- Co-testing does not improve HPV-based testing alone, nevertheless, there is a strong push for co-testing (because of financial incentive and misperception that it is safer)
- In France, it is often argued that Germany and the US apply co-testing, so why not in France?
- There is not one single national information system for screening monitoring but several systems, sometimes in the same region
- The relationship between the Regional Cancer Screening Coordination Centers and the national technical coordinator is currently difficult

Opportunities vaccinations

- French people highly trust their GPs; training GPs to spread the correct message will help to increase HPV vaccine coverage
- Towards this end, assess and revise the place of immunisation in the HCP's training curricula in France.
- Both HBV and HPV vaccines have been confronted with misinformation concerning their safety and benefit, resulting in very low coverage in the French population. HBV vaccination coverage recovered (after 30 years). Can the same be done for HPV?
- Re-examine current policy of opportunistic vaccination, which is based on reimbursement, by negotiating vaccine prices for large-scale centralized procurement. This will allow major savings to the HPV vaccination program and permit France to increase coverage.

Opportunities screening / treatment

- New recommendations must be applied
- In France, gynecologists can be convinced, if pathologists are convinced of a transition from cytology to HPV-based testing
- Today an important part of the screening in France is done by midwifes and they must be educated on cervical cancer prevention
- Self-sampling may be a way to increase screening. However, HPV-positive women will have to be chased for follow-up
- Urine-based screening may be even more acceptable, being non-invasive

Lessons learned (vaccination)

- Don’t polarize the vaccination discussion, do not make it a political issue
- When making vaccination mandatory, GPs were relieved to be backed by authorities, this made it easier to convince patients of the value of vaccines, including HPV vaccine. It also improved parents’ perceptions of vaccines.
- Trust results from proximity, which can be established between patient and HCP, but not between patient and health authorities or experts
- Training of HCP on HPV vaccination will help vaccination coverage, this includes: immunization knowledge, skills to address patients’ vaccine hesitancy, training of trainers (to scale up)

Lessons learned (vaccination)

- Large geographical disparities in HPV vaccination, with half the country below 35% coverage.
- (regarding anti-vaxxers) You can't fight an enemy if you don't know him
- Resistance to vaccination is as old as the vaccine itself
- Vaccine hesitancy is associated with public distrust of health and political authorities
- Simply increasing coverage by gaining the population's acceptance may not be a viable solution if the current reimbursement prices of 115 euros per dose are maintained. The program needs to be reformulated to be based on an economy of scale

Lessons learned (vaccination)

- Adolescent girls and mothers perceive the risks and benefits of HPV vaccination differently. Therefore, adolescents should also be informed through other sources such as schools
- A vaccination campaign in French Guyana was strongly opposed by local and church leaders, leading to a complete stop
- The situation in Japan finally seems to improve: the strong Covid vaccination campaign has paved the way for recommendation of HPV vaccination again, as of April 2022
- However, the media are still not positive, the schedule still proposes 3 doses for <14, there is no HPV vaccination registry yet

The way forward (screening)

- Cytology is recommended for the females below 30. With vaccinated women reaching screening ages, can HPV-based testing completely replace cytology, as fewer HPV positives cases are expected in these women?
- Digital drop PCR may be useful for follow-up of treated patients, including anal and H&N cancers. HPV negativity in circulating DNA predicts successful treatment.
- NGS may be the future test if the price goes down. It would include genotyping and methylation at the same time.
- Large studies are needed to test methylation assays and other molecular triage tests.

The way forward (screening)

- The INCa is working on a project to aggregate all tests and histology results nationally
- A national committee is working on the conditions for self-sampling for non-respondent women
- Do not reimburse/pay screening tests after 30 ys if more than 20% with co-testing? Alternatively, include disincentives for those who tend to order cotests.
- Convince clinicians to check patients' agreement to transmit the data
- Convince women to participate following an invitation

The way forward (vaccination)

- Focus on patient-provider interactions
- Evaluate impact of HCPs' training on their attitudes, practices
- Test personalised counselling methods for patients
- Consider redesigning the program from opportunistic to organised vaccination to attain an economy of scale and make it affordable and equitable

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Feedback welcome!

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