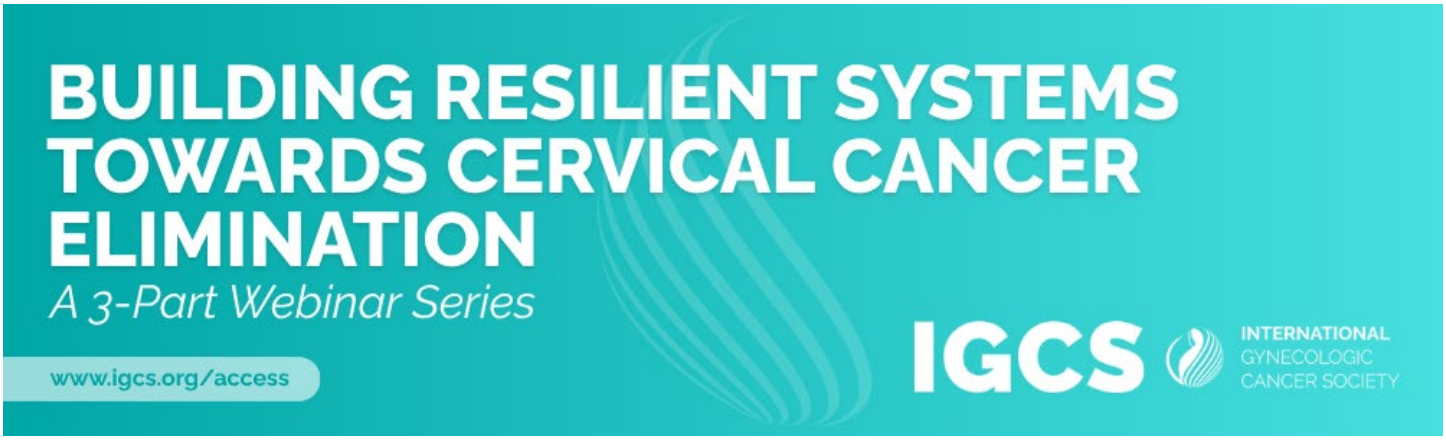
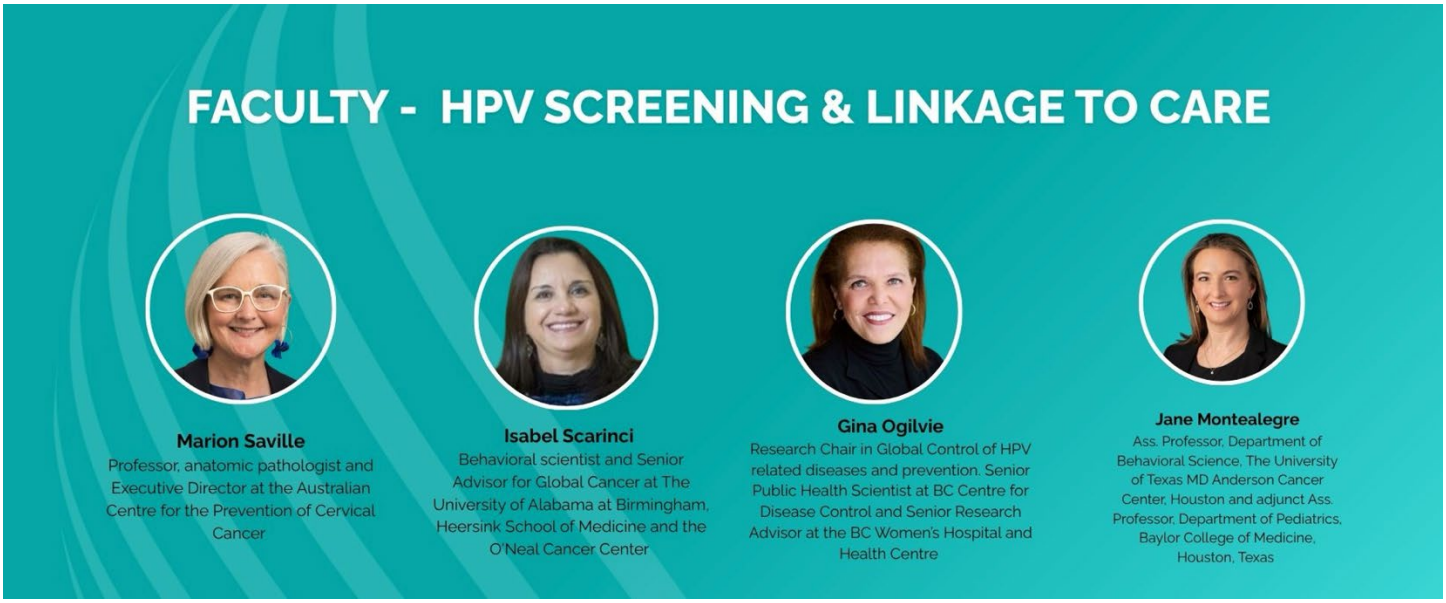


Webinar 2 Key Take Home Messages

[View the recording here: https://youtu.be/HfUfj3vF1AI?si=F89AiVMhSp7IwGMY](https://youtu.be/HfUfj3vF1AI?si=F89AiVMhSp7IwGMY)



Welcome & Webinar 1 Recap **Heather Brandt, Director of the HPV Cancer Prevention Program at St. Jude Children's Research Hospital**
• Key themes of first webinar include the importance of acting across all three pillars simultaneously with equity shaping all efforts. Country-level progress updates, demonstrating elimination is imminently achievable. Australia - 2028 to 2035, Canada - 2040, and the U.S. modeling shows elimination could be expedited by at least a decade through improved with screening and treatment. Tamika Felder of Cervivor, shared the mantra of the session "*Every Cervix Matters*". • Dr. Kathleen Schmeler, MD Anderson Cancer Center) shared her response to the last question of the session: If we fast forward 10 years, what one treatment system change will have made the greatest difference in achieving elimination. *"The single most important treatment system change will be ensuring that more women with abnormal screening results return for timely follow-up and receive high-quality diagnosis and treatment of pre-invasive disease. Closing this follow-up gap will prevent progression to invasive cervical cancer and be one of the most powerful drivers of elimination".*
Moderator, Julie Torode **Institute of Cancer Policy, King's College London / IGCS ACCESS project facilitator**
• The session is what we know works om shaping high performance HPV screening programs, with the all-critical link to treatment and care.

Marion Saville, Executive Director at the Australian Centre for the Prevention of Cervical Cancer

Translating global screening strategies into effective, population-level delivery is essential:

- Screening & treatment of HPV-positive cases is the main bottleneck to reducing cervical cancer incidence globally.
- Key priorities include:
- Transitioning from cytology (Pap smears) to HPV-based screening.
- Managing workforce and stakeholder resistance to this change.
- Expanding community-based services through outreach, mobile clinics, and self-collection.
- Strengthening data systems for monitoring, accountability, and equity.

Australia's experience - https://acpcc.org.au/our-impact/elimination-strategy/strategy/

- Australia introduced an organized cervical screening program in 1991, supported by: national screening registries, strong laboratory accreditation, high screening coverage and follow-up.
- Cytology-based screening significantly reduced cervical cancer incidence but eventually reached its maximum impact. HPV screening was projected to improve health outcomes while reducing costs.
- Transition to five-yearly HPV screening (ages 25–74) with partial HPV genotyping and direct referral to colposcopy for higher-risk HPV cases.
- The transition required years of policy advocacy, modelling, and communication to address concerns about shifting to longer screening intervals, later starting and perceptions that changing a successful program was unnecessary.

Self-collection is a major innovation

- Evidence confirms HPV self-collection is as accurate as clinician-collected samples with PCR-based assays. Sample stability enables mail-based testing for remote communities.
- Australia expanded self-collection to all eligible participants in 2022 which: removes many cultural and practical barriers; preserves healthcare workforce capacity; improves access and equity; enables more flexible service delivery.
- Uptake has been highest among previously unscreened and under-screened populations. More than 50% of cervical screening samples in Australia are now self-collected.

Equity as a central focus

- Australia launched its National Strategy for the Elimination of Cervical Cancer in 2023. Priority population representatives were included in governance and decision-making from the outset.
- Equity is embedded throughout the strategy, with five priority populations identified through consultation.
- Despite overall progress, major disparities remain - indigenous Australians experience approximately twice the incidence and nearly four times the mortality; higher disease burden exists in lower socioeconomic and remote populations.

Importance of data systems

- National screening registries are fundamental to program success: tracking each participant's screening journey; supporting active follow-up through reminders and care coordination; monitoring coverage, follow-up, equity, and program performance.
- Australia achieves follow-up rates exceeding 80% within 12 months through registry-supported systems and ongoing efforts focus on improving data quality for priority populations.

Malaysia's ROSE program - https://programrose.org/

- Demonstrates that strong registries support high follow-up (88%) in middle-income settings.
  Key global lessons include:
  - Policy commitments must be matched by delivery innovation and sustainable financing.
  - Community-centered, equity-focused models essential to reach never- and under-screened.
  - Screening programs must encompass screening, follow-up, and treatment to achieve meaningful reductions in cervical cancer.

Gina Oligvie, *Research Chair in Global Control of HPV-related Disease, University British Columbia*

- Canada is transitioning from Pap screening to HPV primary screening, with a goal of 90% HPV screening coverage, exceeding the WHO target.
- Cervical cancer remains a preventable cause of death in Canada, with the highest burden among:
- People who have never been screened or are overdue - indigenous communities, visible minorities and rural populations.

Why move from Pap to HPV screening?

- HPV testing is substantially more sensitive than cytology (compensated for by frequent Pap testing).
- HPV detects ~96% of precancerous lesions compared with ~53% for cytology.
- HPV-negative results provide much stronger reassurance, supporting longer screening intervals.
- HPV testing detects precancer earlier with fewer lesions detected in later screening rounds.
- Cytology misses significantly more precancerous lesions than HPV testing.
- Overall, HPV-based screening provides more accurate, equitable, and sustainable approach.

Evidence supporting HPV screening

- Nearly two decades of research, including multiple international trials.
- The HPV FOCAL Trial in British Columbia showed:
    - HPV screening every four years outperformed cytology every two years.
    - Lower rates of CIN2/3 (precancer) after HPV screening.
    - Much lower long-term risk following a negative HPV test.
    - Sustained protection extending up to 8–10 years after a negative HPV result.
    - HPV testing proved both clinically effective and cost-effective.

Self-collection

- Self-collected HPV samples have strong agreement with clinician-collected samples because HPV DNA can be detected without directly sampling the cervix.
- British Columbia's program is designed around meeting people where they are.
- Offering multiple options: home-mailed kits; clinic pickup; self-collection in clinics; clinician-collected samples for those who prefer them.
- Self-collection has been shown to be highly acceptable across diverse populations.

Implementation lessons

- HPV screening initially increases colposcopy referrals (more existing precancer detected).
- With appropriate planning, this initial increase is temporary:
    - Colposcopy demand falls significantly after the first screening round.
    - Long-term colposcopy rates become lower than with cytology-based screening.
- Phased implementation can help health systems manage temporary increases in diagnostic services.

British Columbia program

- Since 2024, HPV screening has been offered to everyone aged 25–69 with a cervix, including women, Two-Spirit, transgender, and gender-diverse people.
- Participants can choose between self-collection and clinician collection.
- Early implementation has shown increased screening participation and strong self-collection uptake.

Future opportunities

- HPV screening and HPV vaccination may allow longer screening intervals, earlier exit from screening for consistently low-risk individuals and reduced demand on healthcare providers (shift from provider led Pap to self-collected samples).

Jane Montealegre, Associate Professor, Department of Behavioral Science, The University of Texas

Texas elimination planning – key recommendation:

- ♦ Expanding equitable HPV screening—particularly through safety-net health systems and self-collection—is essential to reducing disparities and achieving cervical cancer elimination in Texas and the United States.

- The U.S. healthcare system is fragmented, with significant variation across states and no universal healthcare, creating challenges for equitable cervical cancer screening.
- Data show 13,000 cervical cancer cases and 4,000 deaths annually, largely stagnating after reaching the limits of cytology-based screening.
- Populations are experiencing increasing cervical cancer incidence/mortality: low-income counties, rural counties and areas with persistently low screening rates.
- Screening participation has declined over the past 20 years, with the lowest uptake among: uninsured individuals, publicly insured populations, people of color and rural communities.
- Texas' cervical cancer elimination strategy is prioritizing HPV self-collection and equity-focused, aiming to improve screening access for populations with the greatest burden of disease. 75% of Texas counties are medically underserved, including both rural areas and disadvantaged urban communities.
- Strategy is strengthening safety-net health systems: community health centers, county health systems, rural health clinics, public health/charitable clinics.
- Safety-net providers serve populations at highest risk for cervical cancer.
- Current coverage in community health centers is only ~55%, well below the national average (~80%).
- Modelling suggests screening rates in safety-net settings at 90% coverage could substantially reduce or eliminate disparities and accelerate elimination by a decade.
- Implementation is based on community partnerships and co-design, using participatory approaches to develop locally appropriate screening programs.
- Integrate: self-collection into primary care workflows; strong referral pathways for colposcopy; expanded treatment capacity and culturally appropriate patient navigation to improve follow-up.
- Scaling through peer-learning networks; community health center partnerships, state primary care associations and support for federally qualified health centers and other safety-net providers.

Isabel Sacarini – https://operationwipeout.org/

Operation Wipeout - key recommendations:

Start before everything is perfect, programs can evolve through continuous learning.
Engage diverse partners who understand local communities.
Ensure treatment pathways are in place before expanding screening.
A statewide strategy provides direction, but success depends on empowered local champions implementing change within their communities.

- Alabama's statewide cervical cancer elimination initiative is built on a bottom-up, community-led approach that asks stakeholders what should be done and invites them to co-design.
- Enjoys government support (State Health Officer) which has been critical for sustainability.
- Harnesses key principles: shared ownership; evidence-based recommendations; unified statewide mission; open-access resources.
- Recognizes tools to eliminate cervical cancer already exist, takes on challenge of boosting uptake.
- Before expanding screening, secured commitments from cancer centers to ensure women diagnosed through screening could access treatment (especially LEETZ).
- Community engagement with an "action without fundraising" model where partners (now more than 40) contribute their own resources under a shared enterprise.
- Rotary provides community leadership and experience from global disease eradication of polio and brings connectivity, trust and mobilization power in communities alongside faith-based organizations.
- Community members often unaware cervical cancer is preventable. Non-health community leaders are especially successful in raising awareness. Community champions are trained and equipped.
- Healthcare providers focus on improving access: promoting funding available for screening of uninsured women, adherence to guidelines and countering resistance to HPV screening.
- Travelling nurse practitioners provide colposcopy in underserved improving follow-up care.

Register for Webinar 3 - 15th July 2026, 1PM Eastern Time (US and Canada)

https://us06web.zoom.us/meeting/register/d22KLZahSF6pTKvRYkiNwg