

## Jo's Cervical Cancer Trust response to Prevention in health and social care inquiry

### Cervical cancer in the UK

In the UK, around 3200 women are diagnosed with cervical cancer every year, with over 800 losing their lives. The 10-year survival stands at just 51%, with tens of thousands of women currently living with and beyond a cervical cancer diagnosis<sup>i</sup>.

Cervical cancer can have significant physical, emotional, and financial impacts which can last far beyond diagnosis and treatment. Treatment can lead to long-term side-effects including Pelvic Radiation Disease (PRD), early menopause, infertility, bowel problems, and lymphoedema. There is also a financial impact, with a combined individual financial loss of £14 million a year<sup>ii</sup>.

### Eliminating cervical cancer

Cervical cancer is a largely preventable disease, and the UK has the tools to make it a thing of the past.

The HPV vaccination programme has proven its success, with cases of cervical cancer falling by 87% amongst vaccinated women<sup>iii</sup>. Highly effective cervical screening and colposcopy services can help stop cervical cancer before it starts<sup>iv</sup>. Innovations in these programmes mean we are preventing more cases than ever before.

Despite these successes, the UK faces inequity in access to prevention programmes, falling uptake of screening and vaccinations, and other barriers<sup>v</sup>. The potential to eliminate a cancer should be celebrated, but to get there we must tackle current issues and look to the programmes of the future. This requires government strategies, investment, and collaboration.

Cervical screening coverage is at its lowest in 20 years after a decade of steady decline<sup>vi</sup>, and immunisation and colposcopy services have been severely impacted by the pandemic. As we look at how to build back these programmes, now is the ideal time to learn from Australia, Canada, the WHO, and globally, and develop a strategy to consign cervical cancer to the history books<sup>vii</sup>.

### What needs to happen?

To eliminate cervical cancer in the UK, we need strategies that recognise the importance of the entire cervical cancer prevention pathway and commit to improvements and innovation throughout.

Across the prevention pathways there are issues with inequality, data and IT systems, and workforce pressures. There are gaps in research around HPV and disparate uptake of innovations and developments – such as HPV-primary screening in Northern Ireland.

Different components of the cervical cancer prevention pathway in the UK sit with different teams. Vaccinations are largely delivered by local school-based immunisation programmes, and occasionally in primary care. Cervical screening, laboratory, and colposcopy services are overseen by national Cervical Screening Programmes. Screening is largely delivered in primary care but may also be delivered in some sexual health services. As such, there is no one body or team responsible for cervical cancer prevention and a collaborative and we need a concerted approach for elimination.

### Action needed.

We believe cervical cancer elimination should be a priority for UK governments, and 87% of healthcare professionals in this area agree<sup>viii</sup>. Many areas would benefit from the focus of the Health and Social Care Committee, including:

- **Innovations such as HPV self-sampling**  
This has the potential to make cervical screening more accessible and acceptable to many and increase cervical screening uptake.
- **More public awareness campaigns**  
These can help educate the population about what HPV is, the efficacy of vaccines, and the importance and relevance of screening.
- **Efforts to tackle inequality**  
Those living in more-deprived areas of the UK are less likely to receive their HPV vaccine, less likely to attend cervical screening, and more likely to die from cervical cancer. Targeted outreach and long-term strategies are urgently needed to remedy this inequity.
- **Long-term workforce planning**  
From immunisation teams and primary care to laboratory staff and colposcopists – we hear concerns about workforce capacity and backlogs. Changes in one part of the programme can affect the workforce elsewhere, so planning – including training and retention – must look at the programme holistically.
- **Investment in technology**  
Vaccine records often rely on a manual transfer of data from Child Health Immunisation Services to GP records, and the IT system supporting the screening programme in England was deemed “no longer fit for purpose” in 2011. We need modern systems and data records which provide a complete picture of patient history, better facilitate targeted interventions, and do not hinder innovation.

The UK has taken steps towards reducing the impact of cervical cancer, but we're calling for that to happen faster, with no-one left behind. With commitments and willpower from the UK Government, **we can** eliminate cervical cancer in the UK.

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<sup>i</sup> Cancer Research UK: Cervical cancer statistics

<https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/cervical-cancer>

<sup>ii</sup> “Revealing the true cost of cervical cancer...”, Behind the screen. Jo Salter, DEMOS 2014.

[https://www.demos.co.uk/files/Behind\\_the\\_screen\\_-\\_web.pdf?1402772155](https://www.demos.co.uk/files/Behind_the_screen_-_web.pdf?1402772155)

<sup>iii</sup> The effects of the national HPV vaccination programme in England, UK, on cervical cancer and grade 3 cervical intraepithelial neoplasia incidence: a register-based observational study. Falcaro, Milena et al. The Lancet, Volume 398, Issue 10316, 2084 – 2092 [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)02178-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)02178-4/fulltext)

<sup>iv</sup> Bains I, Choi YH, Soldan K, et al. Clinical impact and cost-effectiveness of primary cytology versus human papillomavirus testing for cervical cancer screening in England. International Journal of Gynecologic Cancer 2019;29:669-675. <https://ijgc.bmj.com/content/29/4/669.abstract>

<sup>v</sup> Jo's Cervical Cancer Trust, Overcoming barriers to cervical screening

<https://www.jostrust.org.uk/professionals/cervical-screening/barriers>

<sup>vi</sup> Independent: First national screening campaign to be shown on TV as testing uptake hits a 20-year low. Katie O'Malley (2019) <https://www.independent.co.uk/life-style/health-and-families/smear-test-cervical-cancer-screening-advertph-a8807761.html>

<sup>vii</sup> Global strategy to accelerate the elimination of cervical cancer as a public health problem, World Health Organization. 17th November 2020, Global strategy. <https://www.who.int/publications/i/item/9789240014107>

<sup>viii</sup> Jo's Cervical Cancer Trust, We can end cervical cancer: The opportunities and challenges to eliminating cervical cancer in the UK <https://www.jostrust.org.uk/about-us/our-research-and-policy-work/our-research/we-can-end-cervical-cancer-report>