

# Comment on “The European response to the WHO call to eliminate cervical cancer as a public health problem”

Dear editor,

We read with great interest the publication by Arbyn et al entitled “The European response to the WHO call to eliminate cervical cancer as a public health problem”.<sup>1</sup> This report addresses the issue of how Europe should respond to the ambitious call from the WHO to eliminate cervical cancer by 2030. Cervical cancer remains a worldwide public health problem, and tracking progress and providing timely evidence is a fundamental step forward for countries to move towards targets set by the WHO. Methods for the estimation of incidence can vary with the use of population-based cancer registries; methods range from a short-term extrapolation of high-quality recorded national incidence data through short-term prediction models.<sup>2</sup>

We want to congratulate Arbyn and colleagues' attention to this important issue and make some contributions. As per Arbyn et al, Latvia had the highest age-standardized incidence rate (ASIR 25 per 100 000 women), and Estonia had the third highest (22.5 per 100 000 women) among member states of the European Union in 2018. While we applaud Arbyn and colleagues' contribution to the study of this public health issue, we also have concerns about the study's presented estimates and wish to discuss the adequacy of reported evidence such as the ASIR in Estonia and Latvia in 2018.

A comprehensive overview of the cervical cancer burden and prevention measures in three Baltic countries (Estonia, Latvia and Lithuania) was compiled by Kojalo et al.<sup>3</sup> Based on the data from national cancer registries and population statistics, the observed ASIR in 2018 for Latvia was 14.3 and that for Estonia was 12.0 per 100 000 women, two times lower than that reported by Arbyn et al. No data are available on the 2018 ASIR for Lithuania. These findings are supported by national reports from both countries published by other authors.<sup>4,5</sup> The National Institute for Health Development in Estonia published a report on cancer incidence for 2018 using data on reportable cases to the Estonian Cancer Registry, with a world age-standardized cervical cancer incidence of 12 per 100 000 women.<sup>5</sup>

Despite the implementation of organized CC screening programs for over 15 years, the CC incidence rate remains high in these countries, and until recently, the share of new cases diagnosed in TNM stage 3 or 4 has not decreased.<sup>6</sup>

A recent study from Estonia that examined the quality of cervical cytology specimen collection, evaluation and reporting over 2007 to 2018, documented considerable heterogeneity and suboptimal

performance of cervical cytology practices in Estonia.<sup>7</sup> In Latvia, Giemsa staining with the Leishman modification test (a historical tradition from former Soviet Union cytology practice) is used for cervical cytology testing.<sup>8</sup> Clearly, switching from cytology-based to HPV-based cervical screening in both countries (Estonia 2021, Latvia 2022) is a major step forward in tackling this cancer.

To address this major public health issue in the Baltic states, a research project called “Towards the elimination of cervical cancer: Intelligent and personalized solutions for cancer screening” was funded in 2021. The aims of the project are to compile data on cervical cancer epidemiology and coverage of prevention efforts to build the knowledge needed for risk-based cervical cancer screening in three Baltic countries.<sup>9</sup>

Eliminating specific and preventable cancers worldwide is an attainable objective, but the substantial variations in national cervical cancer prevention policies, resource availability and health system capacity impact the timing of elimination. Epidemiological data are a primary foundation for decision-making and planning. We express our opinion that the estimates reported by Arbyn et al are substantially higher than those observed. We hope our remark and proposal to give those results reported an additional look are of use as correct epidemiological data that reflect the accurate situation in the country are key to achieving the WHO cervical cancer elimination target.

## AUTHOR CONTRIBUTIONS

The work reported in the article has been performed by the authors unless clearly specified in the text. All authors were involved in conceptualization, data curation, draft preparation, review and editing of the final version.


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## CONFLICT OF INTEREST STATEMENT

All authors disclose no financial and personal relationships with other people or organizations that could inappropriately influence their work.

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**Abbreviations:** ASIR, age-adjusted standardized incidence rate; CC, cervical cancer; HPV, human papillomavirus; WHO, World Health Organization.

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