

Europe's Cervical Cancer Elimination Targets: A Reality Check

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The World Health Organization's ambitious cervical cancer elimination targets hinge on high screening coverage and meticulous follow-up of abnormal results. But many countries, including those in Europe, operate with outdated systems that track cancer incidence rather than the full screening pathway. This gap makes it difficult to assess true progress toward elimination.¹

KEY TAKEAWAYS

- **The Pivot:** Most countries lack comprehensive cervical screening registries, which are essential for tracking the full continuum of care from invitation to outcome in the HPV era.
- **The Data:** A global framework for modern screening registries outlines 6 core functions and a minimal data set to support elimination efforts.¹
- **The Action:** Clinicians should advocate for and support the implementation of robust, interoperable digital screening registries to accurately monitor and improve cervical cancer prevention programs.

Achieving the World Health Organization's cervical cancer elimination targets requires more than just effective vaccines and screening tests. It demands robust infrastructure capable of tracking every step of the prevention cascade. Most countries, however, operate with systems that primarily capture cancer incidence, not the intricate pathways of screening, triage, and management.¹

This systemic deficiency means that while human papillomavirus (HPV) primary testing and self-sampling expand, the ability to monitor their impact and ensure timely follow-up remains compromised. The lack of comprehensive screening registries creates a blind spot, making it difficult to determine which populations are being reached, who is falling through the cracks, and whether interventions are truly effective.¹

The Registry Gap

A narrative review published in International Journal of Gynecological Cancer highlighted this critical gap, proposing a global framework for modern cervical screening registries.¹ These systems must track the entire continuum, from initial invitation to testing, triage, management, and ultimate outcomes. Without such a system, countries cannot accurately evaluate their screening programs or accelerate progress toward elimination.¹

The proposed framework outlines 6 core functions for these registries. These include defining the eligible population, monitoring or issuing invitations and reminders, maintaining a complete screening history (including HPV and triage testing), tracking follow-up and management, linking to pathology and cancer registries, and supporting routine quality assurance.¹ This comprehensive approach moves beyond simply counting cancer cases to understanding the effectiveness

of prevention efforts. For more on this, see our coverage on [Cervical Cancer Elimination: Why Europe's Screening Registries Fall Short](#).

A minimal data set for these registries covers population records, eligibility, invitations, sample characteristics (including self-sampling), HPV results, triage investigations, follow-up procedures, and outcomes such as cervical intra-epithelial neoplasia grade 2 or worse and interval cancers.¹ This level of detail is necessary to identify bottlenecks and improve program efficiency. Without it, efforts to increase screening uptake or improve follow-up are largely guesswork.

Implementation Challenges

Implementing these registries presents significant challenges, particularly regarding interoperability across diverse health information systems. The framework emphasizes digital architecture options, robust data quality assurance, and careful governance and privacy considerations.¹ Equity-focused strategies are also essential to ensure underserved or displaced populations are not left behind.¹

A cross-sectional examination of cancer prevention and control in Latin America and the Caribbean, published in *Lancet Regional Health, Americas*, echoed these findings.² It confirmed that many countries in the region also lack the robust screening registries needed to meet WHO targets.² This suggests a global problem, not one confined to specific regions. The transition to HPV primary testing and the rapid expansion of self-sampling make modern screening registries even more essential, as these new modalities require precise tracking to ensure efficacy.²

But the problem extends beyond screening. Reaching HPV vaccination targets across Europe also faces hurdles. A review in *Expert Review of Vaccines* highlighted the time required to achieve these goals.³ Without accurate, real-time data from comprehensive registries, monitoring vaccination coverage and its long-term impact on cervical cancer rates becomes significantly more difficult.³ This is particularly relevant given the ongoing discussions around vaccination's role in cervical cancer elimination.

The open-label design of many current screening programs, where data collection is fragmented and often manual, is the obvious caveat. The absence of a unified, digital system means that while individual components of cervical cancer prevention may be strong, their combined impact is not fully measurable. This lack of integrated data prevents a holistic view of program performance, making it impossible to identify where resources are best allocated or where interventions are failing. Clinicians looking for a comprehensive overview of oncology practice may find the *Oxford Handbook of Oncology* (4th ed) a useful reference.

Establishing or strengthening these cervical screening registries will be essential to support modern HPV-based screening and accelerate progress toward cervical cancer elimination. Without them, countries will continue to operate with incomplete information, making the WHO's ambitious targets an aspirational goal rather than an achievable reality. The next step involves translating these frameworks into actionable, country-specific implementation plans, which will require significant investment and political will.

CLINICAL IMPLICATIONS

The ambition to eliminate cervical cancer is commendable, but the reality of current data infrastructure is sobering. Most European health systems are simply not equipped to track the full patient journey through screening and follow-up. This means we are flying blind on key metrics, unable to precisely identify where patients are lost to follow-up or where screening programs are underperforming.

For general practitioners and specialists, this translates to a persistent challenge in understanding the true effectiveness of their local screening initiatives. We can offer HPV testing and self-sampling, but if the system cannot track who receives an invitation, who responds, and what happens after an abnormal result, then the clinical impact is diluted. This fragmented data environment makes it difficult to implement targeted interventions for high-risk or underserved populations, perpetuating disparities.

The proposed global framework for screening registries is not merely an administrative suggestion; it is a clinical necessity. Without interoperable digital systems that capture every data point from invitation to outcome, the promise of HPV vaccination and advanced screening technologies will remain partially unfulfilled. Clinicians must advocate for these systemic improvements, as they directly impact our ability to deliver effective preventive care and meet public health goals.

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