

Response to the European Commission consultation on the proposal for a Council Recommendation on vaccine-preventable cancers, 30 March 2023

Introduction

The European AIDS Treatment Group (EATG) is a patient-led NGO that advocates for the rights and interests of people living with or affected by HIV/ AIDS and related co-infections within the WHO Europe region. Founded in 1992, the EATG is a network of more than 150 members from 45 countries in Europe. Our members are people living with HIV and representatives of different communities affected by HIV/AIDS and co-infections. EATG represents the diversity of more than 2.3 million people living with HIV in Europe as well as those affected by HIV/AIDS and co-infections.

The present document provides a snapshot of EATG's concerns, questions and suggestions to improve health and quality of life outcomes of people living with or most affected by HIV and other STIs, as well as public health. It was consulted with several EATG members.

Over the years it has been recognized that several additional cancers occur more frequently in HIV-infected patients, such as lung cancer, hepatocellular carcinoma (HCC), anal cancer, oropharyngeal cancer, classical Hodgkin lymphoma and non-melanomatous skin cancer.¹

Questions to be answered - from the European Commission and, in EATG's opinion:

1. What action is taken or needed at national and EU level to increase the uptake of HPV vaccination among girls and boys?
2. What action is taken or needed at national level to improve the monitoring of HPV vaccination coverage rates, in particular among boys? How can action at EU level support national efforts?
3. What measures are taken or needed to increase the uptake of HPV vaccination among adults at risk (i.e., Men having sex with men living with HIV, women at risk and with lesions)?
4. What action is taken or needed at national level to increase the access to HBV vaccination for all affected population groups (migrants from endemic countries, SW, PUD Homeless, newborn from HBV mother with irregular status How can action at EU level support national efforts?
5. What action is taken or needed at national level to improve the monitoring of HBV vaccination coverage rates, in particular where there are data gaps? How can action at EU level support national efforts?
6. What is the investment at EU level to R&D of new vaccines to prevent infections that are oncogenic, and cancer prevention vaccines?
7. What action is taken or needed at national and EU level to increase awareness of the importance of HPV vaccination among young population and people at high risk of HPV transmission?

EATG views on needed actions:

1. ECDC collaboration with member states and partners countries to improve/strengthen monitoring and surveillance of vaccination coverage rates in individual countries and key populations beyond boys and girls.

¹Silverberg MJ, Abrams DI. AIDS-defining and non-AIDS-defining malignancies: cancer occurrence in the antiretroviral therapy era. *Curr Opin Oncol. Sep; 2007 19(5):446-451.* [PubMed: 17762569]. Silverberg MJ, Leyden W, Warton EM, Quesenberry CP Jr, Engels EA, Asgari MM. HIV infection status, immunodeficiency, and the incidence of non-melanoma skin cancer. *J Natl Cancer Inst. Mar 6; 2013 10(5):350-360.* [PubMed: 23291375]

2. ECDC collaboration with member states to understand where the incidence is rising and why. For instance, anal cancer is often neglected and stigmatized. Also, it has been historically perceived as a rare malignancy,
3. Monitor integration of free HPV vaccination into HIV care and promote free access to HPV vaccination for people with HIV who would benefit.
4. Stress the importance and the benefits of universal health coverage - universal meaning that people who are not insured or not documented are not restricted in their access health services and to resource community integrated and person-centred health services working with peers, enabling vaccination at community level for people who would otherwise not access² vaccination.
5. Co-fund operational/implementation research with community engagement, including low threshold services and outreach services, pharmacies.
6. Promote mutual learning on evidence - based vaccination approaches as part health services offer, including free access for adults from most affected populations
7. Promote price reduction of the HPV vaccine.
8. Support research to collect data on duration of protection, optimal schedules and booster options for people living with HIV
9. Support research on vaccines and cancer (e.g. melanoma, pancreatic cancer, colorectal³). The risk of pancreatic cancer is significantly elevated⁴ among individuals with HCV (HR 2.79; 95% CI 2.01-3.70) and HIV mono-infection (HR 2.82; 95% CI 1.39-5.71), and HCV/HBV co-infection. Compared to uninfected individuals, the risk of colorectal, pancreatic and liver cancers⁵ was elevated among those with HCV, HBV and/or HIV infection. These findings highlight the need for targeted cancer prevention.

For further questions, contact: Annisabelle.vonlingen@eatg.org

² <https://www.nature.com/articles/s41598-021-83727-7>

³ <https://journals.sagepub.com/doi/full/10.1177/1758835921992987>

⁴ <https://journals.sagepub.com/doi/full/10.1177/1758835921992987>

⁵ <https://www.frontiersin.org/articles/10.3389/fimmu.2022.942235/full>