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COCIR / DITTA VIRTUAL EVENT

WORKING TOGETHER AGAINST **CERVICAL CANCER**

EVENT PROGRAMME
&
SPEAKERS OVERVIEW



Thursday 18 March 2021
14:00 - 16:30 BRUSSELS TIME (CET)

WHAT YOU NEED TO KNOW ABOUT CERVICAL CANCER AROUND THE GLOBE

WHO GLOBAL STRATEGY TO ELIMINATE CERVICAL CANCER

As the fourth-most common cancer among women, cervical cancer kills more than 300,000 women every year. Yet these women are dying - in the prime of their lives - from a preventable, treatable disease. Across the globe, the implementation of current vaccination and screening programmes are not reaching their full potential in preventing cervical cancer and accelerating progress in eliminating this disease. Globally, only 15% of vaccine age-eligible girls are fully vaccinated against HPV. Similarly, in low- and middle-income countries (LMICs), it is estimated that less than 20% of women have been screened for cervical cancer, compared with 60% in high-income countries. Urgent action is needed to scale up implementation of these proven, cost-effective measures.

WHO recommends a comprehensive life-course strategy for eliminating cervical cancer to ensure that lifetime benefits are maintained (Figure 1).

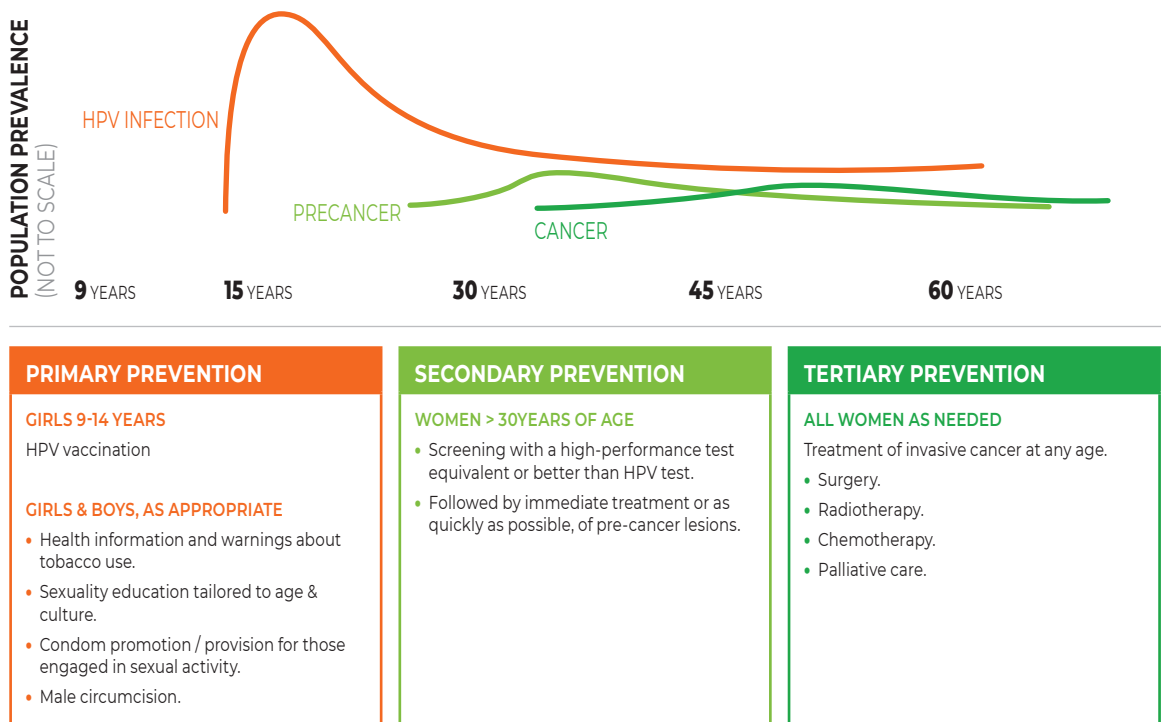


Figure 1. The life-course approach to cervical cancer interventions

EUROPEAN RESPONSE TO THE WHO GLOBAL STRATEGY

Although an official mandate from the EU Commission is still awaited, a broad group of delegates of scientific professional societies and cancer organisations published their endorsement of the WHO's call to eliminate cervical cancer as a public health problem in Europe. To help guide Member States, this group is assisting in the concerted rollout of a series of evidence-based actions. For example, European health authorities are being requested to mandate a group of experts to develop the third edition of European Guidelines for Quality Assurance of Cervical Cancer prevention, based on integrated HPV vaccination and screening. The group would also monitor the progress towards the elimination goal. Although COVID-19 has temporarily interrupted prevention activities, stakeholders should not deviate from this overarching ambition.

Read more (see [Annex](#) at the end of this document)

EUROPE'S BEATING CANCER PLAN

COCIR welcomes the launch, in February 2021, of the European Commission's Europe's Beating Cancer Plan¹. We fully support its ambition to deploy all available EU resources - political, legislative and financial – in the fight against cancer.

The cross-disciplinary plan showcases where the EU seeks to add the most value. The structure addresses the four key areas of the disease pathway - prevention, early detection, diagnosis and treatment and after-care quality of life - and features ten flagship initiatives.

WHY ARE COCIR / DITTA ORGANISING SUCH AN EVENT?

Although there are several current events on cervical cancer being organised, this COCIR - DITTA event will be different, important and timely. The problem - as we see it - is that the general, global focus is being placed almost exclusively on HPV vaccines. Yet this means that the importance of diagnosis and treatment is frequently neglected. This is why we want to discuss how we can advance the fight against cervical cancer on this front also and how COCIR members' solutions can play a role.

COCIR is the European Trade Association leading the industry voice for the medical imaging, radiotherapy, health ICT and electromedical industries. Founded in 1959, it is a non-profit association headquartered in Brussels (Belgium) with a China desk, based in Beijing, since 2007.

DITTA is the united global industry voice for diagnostic imaging, radiation therapy, healthcare ICT, electromedical and radiopharmaceuticals. Our members are national and regional industry associations representing more than 600 medical technology manufacturers, committed to improving health care and patient outcomes. DITTA was created in 2001 and incorporated in 2012 as a non-profit trade association.

In 2015, DITTA was granted the NGO status in official relations with the World Health Organization and signed a Memorandum of Understanding with the World Bank in 2016.

EVENT OBJECTIVES

- Learn more about the disease and the current trends at global and EU levels.
 - Integrate the varying perspectives of policy makers, scientific community, patient organisations and industry in order to advance together.
 - Discover more about the latest innovations in cervical cancer (early diagnosis, screening and treatment).
 - Openly discuss the challenges and actions required to optimise treatment, screening and diagnosis globally and how implementation can be accelerated in various countries.

¹. https://ec.europa.eu/health/sites/health/files/non_communicable_diseases/docs/eu_cancer_plan_en.pdf

PROGRAMME

Moderator: **Robert MADELIN**, *Chairman of Fipra International Ltd*

- 14:00 - 14:05 **SETTING THE SCENE** from the moderator **Robert MADELIN**
- 14:05 - 14:10 **WELCOME AND INTRODUCTION**
Dr. Bernt BIEBER, *COCIR President*
- 14:10 - 14:30 **INTRODUCTORY KEYNOTE SPEECH ON DISEASE AND TRENDS AT GLOBAL LEVEL**
- **WHO PERSPECTIVE**
Adriana VELAZQUEZ BERUMEN, *Team Lead Medical Devices and in-vitro-diagnostics, Senior advisor, Health Products policy and standards department*
 - **IAEA PERSPECTIVE**
May ABDEL-WAHAB, *Director of the Division of Human Health (NAHU)*

PART 1 TREATMENT OPTIMISATION

- 14:30 - 15:35 This multistakeholder panel will focus on the radiotherapy techniques used in cervical cancer treatment and their respective places in the patient care pathway. It will also discuss access challenges, such as reimbursement and health care professional training.
- **HOW CAN RADIATION THERAPY SUPPORT THE GLOBAL STRATEGY TO ELIMINATE CERVICAL CANCER?**
Dr. Ingrid FUMAGALLI, *MD, MSc, Radiation oncologist, Saint-Louis Hospital, APHP and Hôpital Privé Peupliers, Paris, France*
 - **HOW IS BRACHYTHERAPY APPLIED IN THE TREATMENT OF CERVICAL CANCER? SPOTLIGHT ON SOUTH AFRICA**
Dr. Nazia FAKIE, *Groote Schuur Hospital, Cape Town, South Africa*
 - **IAEA WOMEN'S CANCERS INITIATIVE**
Lisa STEVENS, *Director, Division of Programme of Action for Cancer Therapy (PACT)*
 - **WHAT INNOVATIONS COMING FROM INDUSTRY ARE BEST FOR TACKLING CERVICAL CANCER?**
Elena DIZENDORF, *(MD, PhD) COCIR member and Global Medical Affairs and Education Manager, Brachytherapy at ELEKTA*

PART 2 SCREENING AND DIAGNOSIS

- 15:35 - 16:25 This multistakeholder panel will discuss cervical cancer prevention via diagnostic and screening tools.
- **WHAT IS THE SITUATION ON CERVICAL CANCER SCREENING IN GERMANY AS AN EUROPEAN EXAMPLE ?**
Prof. Dr. Thomas IFTNER, *Director of the institute for medical virology and epidemiology of virus diseases at the University Hospital Tuebingen, Germany.*
 - **WHAT IS THE LATEST INTELLIGENCE DEVELOPED BY IARC ON CERVICAL CANCER SCREENING?**
Partha BASU, *MD, PhD, Deputy Head, Early Detection, Prevention & Infection Branch, International Agency for Research on Cancer, World Health Organization.*
 - **HOW ARE THE TECHNOLOGIES AND LATEST INNOVATIONS EVOLVING BASED ON THEIR ADDED VALUE IN TACKLING CERVICAL CANCER SCREENING?**
Dr. Christian STOECKIGT, *COCIR member and Head of Scientific Affairs & Medical Education HOLOGIC.*
- 16:25 - 16:30 **COCIR CONCLUSIONS**
Nicole DENJOY, *COCIR Secretary General.*

ANNEX

WHO GLOBAL STRATEGY TO ELIMINATE CERVICAL CANCER

In 2018, the WHO Director-General called for the elimination of cervical cancer through coordinated action globally. This sparked a series of consultations that led to the development of the WHO's global strategy to achieve a single goal: eliminating cervical cancer.

On 19 August 2020, the World Health Assembly adopted the WHO Global Strategy to Accelerate the Elimination of Cervical Cancer as a Public Health Problem (<https://www.who.int/news-room/detail/19-08-2020-world-health-assembly-adopts-global-strategy-to-accelerate-cervical-cancer-elimination>).

The WHO's strategy of elimination is built on three main pillars:

- Prevention through vaccination.
- Screening and treatment of precancerous lesions.
- Treatment and palliative care for invasive cervical cancer.

All three pillars must be implemented collectively, and at scale, if the goal of elimination is to be realised. HPV vaccination offers long-term protection against cervical cancer; screening and treatment of precancerous lesions can prevent their development into cancer. For those identified with invasive cancer, timely care and treatment saves lives, while palliative care can greatly reduce their pain and suffering.

Based on these three key pillars, WHO recommends a set of milestones – the co-called '90-70-90' targets that each country should meet by 2030 to be on track to eliminate cervical cancer within the century, with elimination being defined as reducing the number of cervical cancer cases in each country to four per 100,000 women or fewer. The milestones are:

- 90% of girls fully vaccinated with the HPV vaccine by the age of 15;
- 70% of women screened - using a high-performance test - by the age of 35, and again by the age of 45;
- 90% of women identified with cervical disease receiving treatment (90% of women with pre-cancers treated and 90% of women with invasive cancers managed).

Achieving this vision and each of the elimination targets will require a whole-of-society and multisectoral approach. Only this can ensure that health systems prioritise women and girls, leveraging natural points of integration—including sexual and reproductive health and rights (SHRH), HIV/AIDS, non-communicable diseases (NCDs), and maternal health. Individuals, families, communities, civil society and government agencies at all levels must play their part in championing greater awareness, education and social support.

The global elimination strategy calls for governments to work with the private sector and civil society, and for meaningful engagement with, and empowerment, of affected populations. Private sector efficiencies in management can be leveraged to improve workflows and outputs in the public sector. Civil society can advocate for accessible, affordable, acceptable health products and services and can help increase awareness of cervical cancer prevention and control within their communities, particularly among those at high risk of the disease. Cervical cancer survivors can act as advocates, educating women and girls on the benefits of vaccination, screening and treatment and helping in overcoming stigma.

Projections show that achieving the 90-70-90 targets by 2030 could reduce the median cervical cancer incidence rate by 10% by 2030; by 2120, 70 million cases could be averted. Additionally, an estimated 62 million cervical cancer deaths could be averted by 2120. In the meantime, implementing the strategy will save lives today.

Cervical cancer elimination would also result in positive economic and societal outcomes. By 2030, around 250,000 women will be able to remain productive, contributing members of the workforce, adding an estimated US \$28 billion to the world's economy. Some US \$700 million of this will be as a direct result of increased workforce participation and around US \$27 billion as an indirect benefit of good health.

THE WHO GLOBAL STRATEGY GUIDELINES FOR SUCCESSFUL IMPLEMENTATION

The global strategy to eliminate cervical cancer as a public health problem will require:

1. Political support from international and local leaders.
2. Coordinated cooperation among multisectoral partners.
3. Broad support for equitable access in the context of Universal Health Coverage.
4. Effective approaches for resource mobilisation.
5. Strengthening of health systems.
6. Vigorous health promotion at all levels.

The strategy must also be open to the exploration and exploitation of new ideas and opportunities, including advances in new medicines, vaccines, diagnostics and treatment modalities. It must embrace innovative service delivery models and digitised data and information systems, together with new and expanded training methods (e.g., virtual-reality simulation enhanced training) and population scale-up interventions (for example, cervical cancer 'screen and treat' mass campaigns, surgical camps, etc.) to achieve targets. Management science and modern forms of communications technology must be integral to all aspects of service delivery. The market must be reshaped in order to eliminate cost as a barrier to prevention and treatment in the world's poorest countries.

Actions to achieve the 90-70-90 targets should be pursued within the framework of a national policy to eliminate cervical cancer. Scale-up should be incorporated into countries' national strategic health plans to reach universal health coverage. High-level political commitment and stewardship should drive and guide implementation, supported by collaborative partnerships.

EUROPEAN RESPONSE TO THE WHO GLOBAL STRATEGY

At the initiative of the European CanCer Organisation (ECCO) and the European Society of Gynaecological Oncology (ESGO), a resolution was adopted that proposed a series of goals and actions to support achieving the WHO strategy in Europe (<https://www.eccosummit.eu/Resolutions/HPV>). ESGO, ECCO and European Federation for Colposcopy have endorsed this resolution and these proposals. At the initiative of ESGO, the resolution was widened to a platform of experts and representatives from other relevant societies, cancer institutions and agencies. Goals include:

- action on HPV vaccination;
- actions on HPV vaccination and screening;
- actions on screening and early diagnosis;
- Actions on treatment;
- Other actions to support the elimination goal (including awareness, training, data and monitoring, monitoring of EU Member State cancer plans, etc.);
- Limiting the impact of the COVID-19 pandemic on cervical cancer prevention activities.

MODERATOR



Robert MADELIN

CHAIRMAN AT FIPRA INTERNATIONAL LTD

Robert is the Chairman of Fipra International Ltd, and a Visiting Research Fellow at the University of Oxford's Centre for Technology and Global Affairs.

Previously (2004-16) Robert was a senior leader at the European Commission: as Senior Adviser for Innovation, as Director General for Communications Networks, Content and Technology (CONNECT) and as Director General for Health and Consumer Policy (SANCO).

Robert was also a negotiator for 20 years in international trade and investment, first for the UK, and then for the EU: Robert served notably in the Cabinet of European Commission Vice-President Leon Brittan. Robert studied at Magdalen College (1976-9) and at the French Civil Service College (ENA). He is an Honorary Doctor of the University of Edinburgh and an Honorary Fellow of the Royal College of Physicians of London. Robert is the author of 'Opportunity Now: Europe's Mission to Innovate' (2016)

SPEAKERS



Dr. Bernt BIEBER

COCIR PRESIDENT AND SENIOR VICE PRESIDENT DIRECT SALES AT SIEMENS HEALTHINEERS

Bernt Bieber is responsible for global direct business of Germany based Siemens Healthcare GmbH with large international end customers and distributors, focus on EMEA.

He has 30+ years experience in various management positions with Siemens Healthineers in Sales and Marketing, including international key account management, global sales responsibility for Magnetic Resonance systems and area sales management in Germany.

He also spent 3 years as expatriate manager in USA.

From 2009 to 2011, Bernt Bieber was a member of the advisory board of „Initiative Gesundheitswirtschaft Rhein-Main“, an initiative to increase public awareness of the economic impact of healthcare industry in Frankfurt area.

He holds a Doctorate in Social- and Economic Sciences.



Adriana VELAZQUEZ BERUMEN

TEAM LEAD MEDICAL DEVICES AND IN-VITRO-DIAGNOSTICS, SENIOR ADVISOR, HEALTH PRODUCTS POLICY AND STANDARDS DEPARTMENT

35 years of passionate work with the aim to ensure good quality, appropriate, affordable health technologies, to prevent, diagnose and treat diseases everywhere, specially to the sickest and the poorest. Biomedical Engineer, Clinical Engineer.

12 years of work at the World Health Organization responsible for Medical Devices Technical series and Compendium of innovative technologies for Low resource settings in WHO. Founder of CENETEC in Mexican Ministry of Health and for promoting biomedical engineering departments in private and public hospitals in Mexico, in Latin-America , now globally!



May ABDEL-WAHAB

DIRECTOR OF THE DIVISION OF HUMAN HEALTH (NAHU)

IMay Abdel-Wahab, MD, PhD, FACR is the Director of the Division of Human Health (NAHU) at the International Atomic Energy Agency (IAEA) with over 30 years of experience in patient care, teaching and research. She has served on numerous national and international committees such as Steering Committee of the Lancet Oncology Commission on Imaging and Nuclear Medicine, UN Inter-Agency Task Force (UNIATF) on Prevention and Control of Non-Communicable Diseases (NCDs) and as ACR councillor and member of FRS board of directors, among others. She is a fellow of both the American College of Radiology (ACR) and the American Society of Radiation Oncology (ASTRO), and was featured on the Best Doctors in America.

Prior to joining the IAEA, she was Professor at the Cleveland Clinic Lerner School of Medicine, Case Western University.

She holds a specialized clinical degree in radiation oncology and a master's degree in radiobiology (Pr Deutsch, INSERM 1030, Gustave Roussy Cancer Campus, Villejuif, France).

Her research is focused on GYN radiation therapy.

Between 2012 and 2014, she was the Vice President of the French Society of young Radiation Oncologists (SFJRO). She is a member of ESTRO and SFRO.



Dr. Ingrid FUMAGALLI

MD, MSC, RADIATION ONCOLOGIST, SAINT-LOUIS HOSPITAL, APHP AND HOPITAL PRIVÉ PEUPLIERS

Ingrid Fumagalli, MD, MSc, completed her residency at the Oscar Lambret Comprehensive Cancer Center (Pr Lartigau, Lille, France). She then became Assistant Professor in Radiation Oncology at Saint-Louis Hospital (Pr Hennequin, Paris, France), where she was involved into clinical research and teaching.

In 2017, she joined the gynecology radiotherapy team at Gustave Roussy Cancer Campus (Pr Deutsch, Villejuif, France), where she was involved in the implementation of the EMBRACE II trial in France and obtained funding from the French National Institute Cancer for the PORTEC 4 clinical trial on endometrial tumors.

In 2020, after a year working as a medical consultant in the United States, she returned to Saint-Louis Hospital and Hôpital Privé des Peupliers (Paris, France).

She holds a specialized clinical degree in radiation oncology and a master's degree in radiobiology (Pr Deutsch, INSERM 1030, Gustave Roussy Cancer Campus, Villejuif, France).

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Dr. Nazia FAKIE

**CLINICAL ONCOLOGIST, DEPARTMENT OF RADIATION ONCOLOGY, GROOTE SCHUUR HOSPITAL
MBChB(UCT) FCRadiationOncology (SA) MMEDRadiationOncology(UCT)**

Dr. Nazia Fakie is a Clinical Oncologist in the Department of Radiation Oncology at Groote Schuur Hospital in Cape Town, South Africa.

She treats Gynaecological cancers with a special interest in Cervix cancer treatment especially brachytherapy, uterine cancer treatment and Gestational trophoblastic Neoplasms.



Lisa STEVENS

DIRECTOR, DIVISION OF PROGRAMME OF ACTION FOR CANCER THERAPY (PACT)

Lisa Stevens joined the International Atomic Energy Agency (IAEA) in June of 2019 as the Director, Division of Programme of Action for Cancer Therapy (PACT). Her experience in partnership building and National Cancer Control Plan development drew her to this position. Prior to joining the Agency, Ms. Stevens spent 24 years in various roles at the US National Cancer Institute (NCI).

She joined the Center for Global Health (CGH) as the Deputy Director for Planning and Operations in 2012.

As the Senior Lead of the International Global Cancer Control Program Lisa worked with Ministries of Health and other multi-sectorial groups in all WHO Regions to include evidence-based policies in cancer control and/or NCD control plans. In addition, Lisa co- founded the International Cancer Control Partnerships to organize multiple global partners working with stakeholders in cancer control.



Elena DIZENDORF

MD, PHD, GLOBAL MEDICAL AFFAIRS AND EDUCATION MANAGER, BRACHYTHERAPY

Elena Dizendorf has a background in Radiology as MD and Human Anatomy as PhD. She started her clinical career as a Radiologist in Novosibirsk, Russia. A few years later, she got a research position at University of Zurich, Switzerland. Her research project was dedicated to PET/CT in radiation therapy planning. In 2005 Elena joined the medical devices industry and has different positions in Sales, Medical Affairs and Education at GE Healthcare, Varian Medical Systems, Philips. In 2018 she joined Elekta in Netherlands as a Global Medical Affairs and Education Manager, Brachytherapy. At Elekta, Elena runs BrachyAcademy, a peer-to-peer educational platform for brachytherapy professionals.



Prof. Dr. Thomas IFTNER

DIRECTOR OF THE INSTITUTE FOR MEDICAL VIROLOGY AND EPIDEMIOLOGY OF VIRUS DISEASES AT THE UNIVERSITY HOSPITAL TUEBINGEN, GERMANY

Prof. Dr. rer. nat. Thomas Iftner is the director of the Institute for medical virology and epidemiology of virus diseases of the University Clinic Tuebingen, Germany.

At the University of Tuebingen Thomas Iftner further acts as the CEO of the Society for Research and Development, Gesellschaft fuer Forschung und Entwicklung mbH, he is head of the task force technology transfer of the medical faculty, and board member of the «Suedwestdeutschen Tumorzentrum - Comprehensive Cancer Center Tuebingen», to name a few examples of his university activities.

Further Thomas Iftner is Associate Editor of the journal "Papillomavirus Research", member of the editorial board of "American Journal of Cancer Research", and board member of the "International Papillomavirus Society", besides many other active roles in scientific associations.



Dr. Partha BASU

MD, PHD, DEPUTY HEAD, EARLY DETECTION, PREVENTION & INFECTION BRANCH, INTERNATIONAL AGENCY FOR RESEARCH ON CANCER, WORLD HEALTH ORGANIZATION

Dr. Partha Basu is the Deputy Head, Early Detection, Prevention & Infection Branch of International Agency for Research on Cancer (IARC). He was Head of Gynecological Oncology at Chittaranjan National Cancer Institute, India before joining IARC in 2015.

Dr. Basu leads a wide range of collaborative research projects, which includes the following:

- Evaluation of new technologies to improve breast cancer early diagnosis in India
- Evaluation of status and performance of cancer Screening in five continents (CanScreen5)
- Randomized controlled trial to compare thermal ablation, cryotherapy and LLETZ for cervical precancer management in Zambia
- Evaluation of a single dose of HPV vaccine
- Assessing the population level impact of HPV vaccination on prevention of cervical HPV infection
- Improving cervical cancer screening in vulnerable women in Europe
- Evaluation of artificial intelligence -based device in detection of cervical neoplasias
- WHO Knowledge Academy - developing comprehensive learning programme on cervical cancer screening
- Evaluation of colorectal cancer screening demonstration project in LMICs

Dr. Basu's projects are funded by National Institute of Health (NIH, USA), Bill & Melinda Gates Foundation, European Commission, American Cancer Society, Medical Research Council (UK), Norwegian Research Council, Swiss Cancer Research, Lalla Salma Foundation (Morocco) etc.



Dr. Christian STOECKIGT

COCIR MEMBER AND HEAD OF SCIENTIFIC AFFAIRS & MEDICAL EDUCATION HOLOGIC

Dr. Christian Stoeckigt is a multilingual professional with over 12 years of experience in Medical Affairs, diagnostics, sales and business development with extensive experience coordinating global projects in the public and private sector. He is passionate about outcome driven and value based healthcare. He holds a MSc in biophysics and immunology and a PhD in Microbiology and Computer Science.



Nicole DENJOY

COCIR SECRETARY GENERAL

Nicole Denjoy is the COCIR Secretary General since 2005 and is based in Brussels.

Nicole has gathered more than 35 years of experience in the medical technology industry, working for companies including L'air Liquide, Ohmeda, Boston Scientific and Baxter. Nicole has a Masters in Organisation and Change Management.

Nicole represents COCIR in a variety of influential fora at European Level as well as at international level. Nicole is also Vice-Chair of DITTA, the Global Trade Association representing Medical Imaging, Radiation Therapy and Healthcare IT Industry (www.globalditta.org) and leads the DITTA Industry voice in official relationships with WHO since DITTA was granted a NGO status in 2015 and leads the partnership between DITTA and the World Bank since 2016.

In addition, Nicole is Vice-Chair of the Business at OECD Health Committee representing the private business sector in front of the OECD Health Committee

GENERAL INFORMATION ABOUT COCIR

COCIR is the European Trade Association representing the medical imaging, radiotherapy, health ICT and electromedical industries.

Founded in 1959, COCIR is a non-profit association headquartered in Brussels (Belgium) with a China Desk based in Beijing since 2007. COCIR is unique as it brings together the healthcare, IT and telecommunications industries.

Our focus is to open markets for COCIR members in Europe and beyond. We provide a range of services in the areas of regulatory, technical, market intelligence, environmental, standardisation, international and legal affairs.

COCIR is also a founding member of DITTA, the Global Diagnostic Imaging, Healthcare IT and Radiation Therapy Trade Association (www.globalditta.org).

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