✉ c.j.alberts@amsterdamumc.nl

# Cancer RADAR

Assess the current risk and preventable burden of (cervical) cancer among individuals with a migration background across Europe

**Authors** | Dr. C.J. Alberts, D. Georges, Dr. S. Rosso, Dr. F. Bray, Dr. I. Baussano

## Background

The WHO Action Plan for Refugee and Migrant Health highlights the need for better **migration health governance and data-driven policies**. However, the lack of systematic, comparable data and the poor integration of migrant-specific data into health systems hinder policymakers from addressing migrants' health needs.

## Cancer RADAR

To fill this knowledge gap, **Cancer RADAR** is developing an infrastructure to **quantify the risk of cancer stratified by migration background** in Europe. In this initial phase, Cancer RADAR will focus on **infection-related cancers** (liver, stomach, and cervical cancer) and **screening-detectable cancers** (breast, cervical, colorectal, and lung cancer).

## How?

**Together with cancer registries** across Europe, we are establishing an infrastructure for collecting highly aggregated anonymous cancer data, standardized and stratified by birth country. Birth country serves as a proxy for first-generation migrants. When available, data on undocumented migrants is also collected. Expert input is sought from cancer, screening, policy and migrant health experts.

## What?

- Collect real-world data and quantify **cancer risks** among migrants by host-country and identify drivers of disparities.
- Estimate the future expected and **preventable burden** of (cervical) cancer cases among migrants.
- **Assess the public health impact and resource demand** of the scale-up of potential (cervical) cancer elimination policies among migrants.

## Context specific interventions
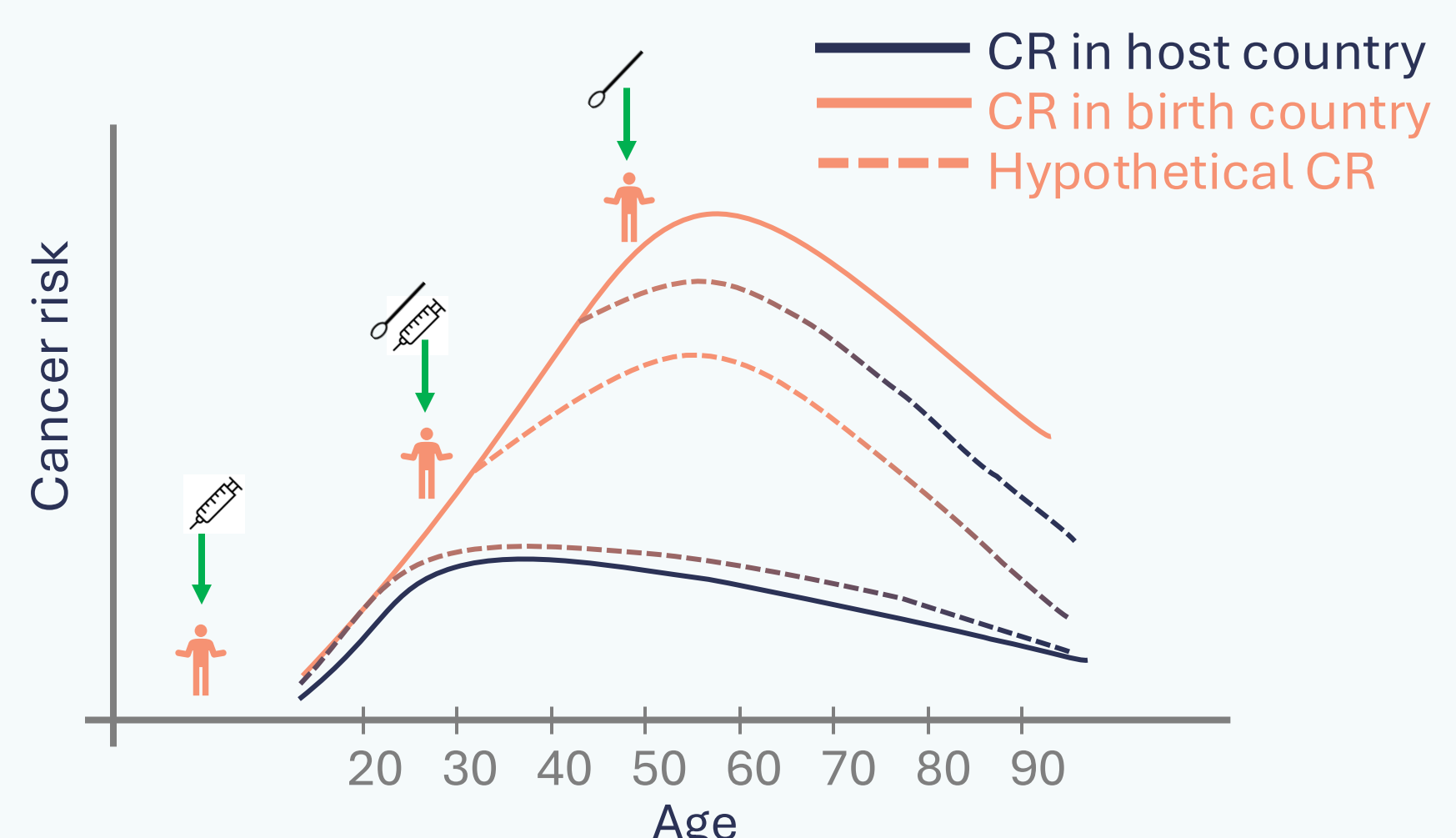


This figure shows how cancer risk among migrants may evolve over time, depending on the risk profile of their birth and host country. The **blue line represents** the risk in a host country with a low cervical cancer incidence, the **orange line** represents the risk in a high-incidence setting. These risk scenarios may be reversed depending on the birth and host country. The dashed line represent the hypothetical risk among migrants when migrating from birth to host country. *The green arrows* indicate **when interventions** for HPV vaccination (syringe) and cervical screening (swab) can be initiated. There are several *key moments for interventions:* (i) on arrival (e.g., at refugee camps or asylum centers), (ii) through population-level efforts (e.g., integrated into national programs), and (iii) via tailored, targeted approaches (e.g. through public health service). Abbreviations: **CR = Cancer Risk** (cases per 100,000 women-years).

## Impact



increased awareness · improved health · policy change · open access · context responsive · trust

Data collection will support data-driven policymaking to improve migrant health. The goal is to expand to other regions, particularly LMIC, leveraging Europe's infrastructure and insights.

Currently involved **pilot cancer registries**: **Piedmont Cancer Registry** (Dr. S. Rosso, Dr. E. Migliore, Prof. Dr. L. Richiardi), **Cancer registry of Tarragona,** Reus, Spain (Dr. J. Galceran, Dr. M. Carulla), **Cancer Registry of canton Ticino**, Switzerland (Dr. A Bordoni, Dr. L. Ortelli); **Cancer registry of Murcia, Spain** (Dr. M.D. Chirlaque López); **Belgian Cancer Registry, Brussels, Belgium** (Dr. K. Van Herck, Dr. F. Verdoodt); **IKNL**, Utrecht, The **Netherlands** (Dr. O. Visser). Cancer registries from 19 European countries have shown interest in sharing or retrieving data.

International Agency for Research on Cancer
World Health Organization · IACR International Association of Cancer Registries · Amsterdam UMC

**Global Meeting on Cervical Cancer Prevention and Control in Displaced Populations** Istanbul, Türkiye.
13-14 February 2025

HPV Prevention and Control Board