Burden, prevention and control of Cervical Cancer: Global Perspective

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Outline of the presentation

- Global burden of Cervical cancer
- Causes, Risk factors and Opportunities
- Comprehensive approach to cervical cancer prevention and control:
  - Primary prevention
  - Secondary Prevention
  - Tertiary intervention
  - Key issues/challenges
- Conclusion
Global burden of cervical cancer

- Globally, cervical cancer is the fourth most common cancer in women after breast, colorectum and lung.
- It is estimated that over a million women currently have cervical cancer.
- Every year, over 528 000 women develop cervical cancer and 266 000 die from the disease.
- Majority, nearly 90% of women who develop and die from cervical cancer are from low- to middle-income countries.
- Without urgent attention, cases and deaths due to cervical cancer are projected to rise by 25% by the year 2025.
Global burden of cervical cancer

- The highest incidence of cervical cancer is in Africa, Latin America and Caribbean.

- Malawi has the highest rate of cervical cancer in the world with age-standardized rate of 75.9 cases and 49.9 deaths per 100,000 population, followed by Mozambique (65.0), Comoros (61.3), Zambia (58.0), Zimbabwe (56.4), Tanzania (54.0), Swaziland (53.1), Burundi (49.3). GLOBOCAN 2012
Cervical cancer (Incidence and mortality): The top 20 countries
Causes, Risk factors and Opportunities

- The primary cause of cervical cancer is persistent or chronic infection with human papillomavirus (HPV).
- The most common types of HPV that cause cervical cancer are 16 and 18.
- There are two WHO pre-qualified highly effective vaccines available for HPV type 16 and 18. Therefore, cervical cancer is vaccine preventable.
- Usually it takes 10–20 years for lesions caused by HPV to develop into invasive cancer, thus cervical cancer can be prevented by early detection and treatment of precancerous lesions.
Causes, Risk factors and Opportunities (2)

- HPV is a sexually transmitted infection (STI) - the commonest STI by far. HPV types that cause cervical cancer are a silent STI: No symptoms, no signs. The ones that cause symptoms are type 6 and 11, which cause genital warts in both men and women.

- Men are carriers i.e. HPV does not cause cancer in men. Therefore male medical circumcision also prevents HPV spread and cervical cancer.

- The risk of HPV infection is related to sexual behaviour and include young age at sexual debut, multiple sexual partners, having partner with multiple sexual partners and HIV. Therefore IEC on ABC also prevents HPV transmission and cervical cancer.
Cervical cancer prevention and control: A comprehensive approach.

- WHO recommends a comprehensive approach to cervical cancer prevention and control. The recommended set of actions includes interventions across the life course. It should be multidisciplinary, including components from community education, social mobilization, vaccination, screening, treatment and palliative care.
- Primary prevention begins with HPV vaccination of girls aged 9-13 years, before they become sexually active.
Cervical cancer prevention and control: A comprehensive approach

Primary Prevention
- Raising awareness on HPV transmission and prevention including ABC
- Community mobilization on male medical circumcision (men are carriers)
- HPV vaccination to adolescent girls aged 9-13 years.

Secondary Prevention
- Cervical cancer screening and treatment of pre-cancerous lesions
  - **Screening methods**: VIA, Pap Smear, DNA test etc
  - **Target group and frequency**: 30-45 years, every 3 to 5 years.
  - **Treatment of pre-cancerous lesions**: Cryotherapy, Thermal/cold coagulation

Tertiary Interventions
- Loop electrosurgical excision procedure (Leep)
- Cancer surgery
- Radiotherapy
- **Palliative care**
Some reasons for the higher rates of cervical cancer cases and deaths in developing countries

- Lack of awareness of cervical cancer among the population, health care providers and policy-makers.
- Usually, cervical cancer is diagnosed late, when it’s not treatable. Health workers contribute to the delay with incorrect diagnosis and treatment.
- Lack of HPV vaccination programme for adolescent girls.
- Inadequate screening and treatment services for early detection and treatment of pre-cancerous lesions.
- Lack or Limited cancer diagnostic (pathology) and treatment services e.g. radiotherapy, drugs, gynae cancer surgeons.
Conclusion

- Cervical cancer is the leading cancer morbidity and mortality in women in the developing countries.

- The primary underlying cause of cervical cancer is infection with human papillomavirus (HPV) which is sexually transmitted.

- Effective Primary, Secondary and Tertiary interventions against cervical cancer exist.

However:
- Few countries have rolled out HPV vaccination programme for adolescent girls
- Screening and treatment coverage is low. It is estimated that 95% of women in developing countries have never been screened for cervical cancer.
Thank you