

CERVICAL CANCER PREVENTION

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One woman dies of cervical cancer every seven minutes in India. In fact, the number of 15 to 49 year old women who die of cervical cancer each year in this country is greater than the number of women dying from pregnancy-related complications (also called maternal mortality). Despite this burden, the problem of cervical cancer has received little attention in India.

Cervical cancer is caused by the human papilloma virus (HPV), which can be transmitted through skin-to-skin contact during sexual activity. In many cases, the infection simply resolves on its own and does not cause health problems. However, among a minority of women, the infection can persist, and, over a decade or more, lead to cervical cancer.

Research on HPV infection and its effects on the uterine cervix have led to the development of two important tools for preventing cervical cancer. One tool is screening – this is the examination of women who are not symptomatic in order to identify those who may have pre-cancer or early stages disease. Screening can be done using the Papanicolau smear test, the HPV DNA test, or a “low tech” approach in which a trained health worker looks at the cervix after painting it with diluted vinegar to see if there are any pre-cancerous changes in the cervix or signs of early stage disease.

Women who are identified as having pre-cancer or early stage cancer, can be cured by simple treatments. Research in India has found that deaths due to cervical cancer can be reduced by a third if screening is offered to large numbers of women. According to the World Health Organization, women who are 30 years or older should undergo screening at least once every five years (<http://www.who.int/reproductivehealth/topics/cancers/en/>).

A second tool for preventing cervical cancer is the HPV vaccine. This vaccine offers protection against HPV infection. The World Health Organization has recommended vaccination of all 9 to 13 year old girls to protect them from cervical cancer. Immunization programs in more than 58 countries are offering the vaccines to girls, and some even to boys. Millions of doses have been distributed thus far, and there have been no significant adverse effects.

One constraint to large scale vaccination is cost, although manufacturers are offering the vaccine at reduced costs for national programs. Until 2016, India is eligible to access HPV vaccines at rates as low as Rs. 300 per dose (two doses are required) through GAVI, a global vaccine alliance. Prevention of cervical cancer through vaccination is cost-effective, and recommended by the Indian Academy of Pediatrics (<http://www.iapindia.org/IMM%20Schedule.pdf>) and the Federation of Obstetricians and Gynecologists of India.

We need community demand, political commitment and administrative leadership to expand access to comprehensive cervical cancer prevention for girls and women in India. Health care providers should prioritize the prevention of this disease. Families should support girls and women by promoting vaccination and screening. With concerted efforts, we have the power to end cervical cancer in India.