



**Organización  
Panamericana  
de la Salud**

*Oficina Regional de la  
Organización Mundial de la Salud*



## **Cervical Cancer Advocacy Workshop for Caribbean Cancer Societies and Foundations**

# **Cervical Cancer: an overview PAHO Regional Strategy and Plan of Action for Cancer Prevention and Control**

21 March, 2013, St Martin

Dr Tomo Kanda

Advisor on Chronic Diseases & Mental Health

PAHO Office for Barbados and Eastern Caribbean Countries, Barbados



# **PRESENTATION OVERVIEW**

**CERVICAL CANCER EPIDEMIOLOGY IN LAC**

**WHY SUCH A HIGH BURDEN OF DISEASE?**

**OPPORTUNITIES FOR PREVENTION**

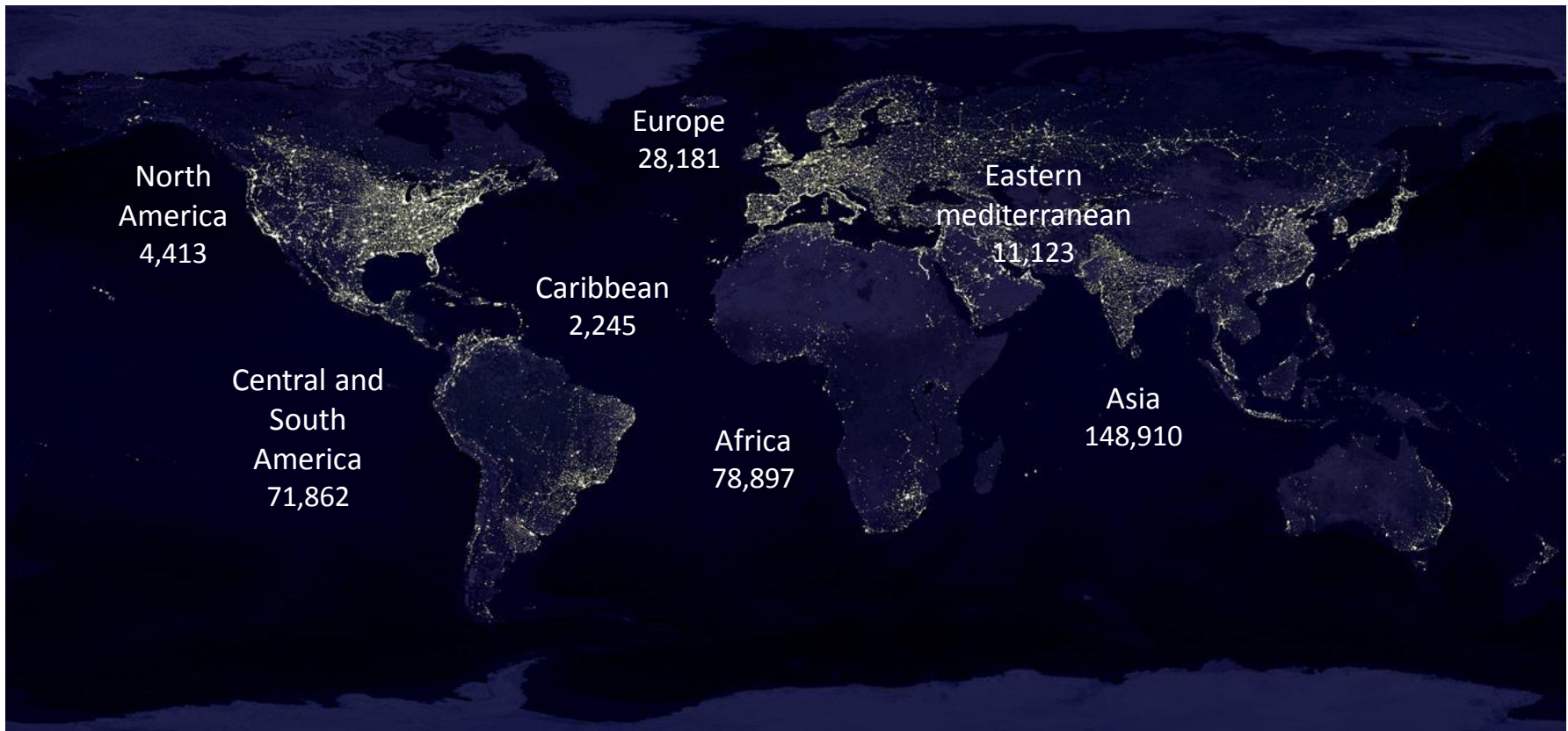
**PAHO's CURRENT WORK**



Pan American  
Health  
Organization

# CERVICAL CANCER: THE CHALLENGE

Invasive cervical cancer affects an estimated 530,000 additional women worldwide each year and leads to more than 275,000 deaths annually



About **88%** of these deaths occur in developing countries

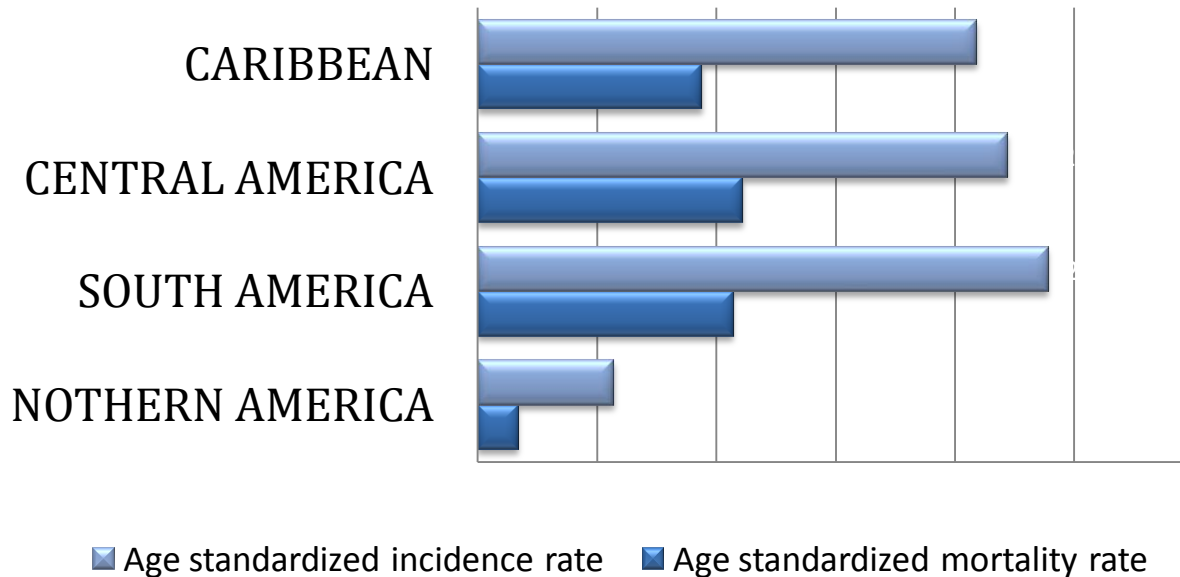
# CERVICAL CANCER: THE CHALLENGE

## IN THE REGION OF THE AMERICAS

**Most frequent cancer among female**

**80,000  
new cases**

**36,000  
deaths**

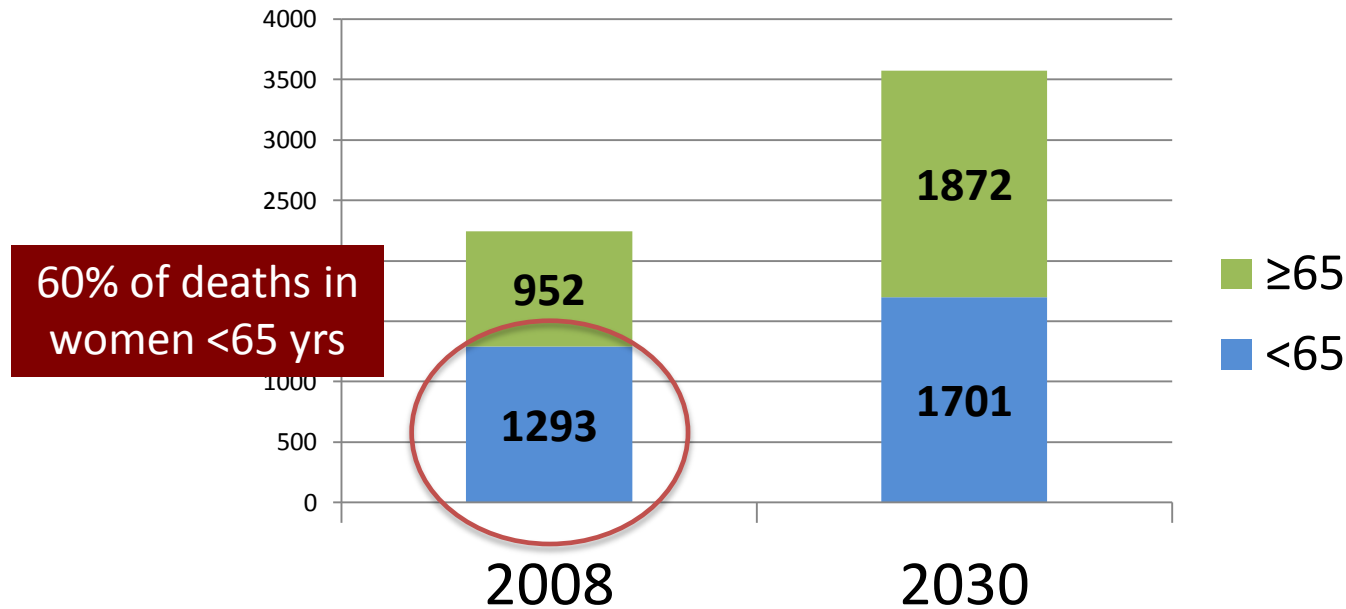


**Cervical cancer** highlights the existing **inequities** in **wealth**, **gender** and **access** to **health services**

# CERVICAL CANCER: THE CHALLENGE

## CERVICAL CANCER DEATHS IN THE CARIBBEAN

**1st most frequent cancer among women  
(15-44 years of age)**

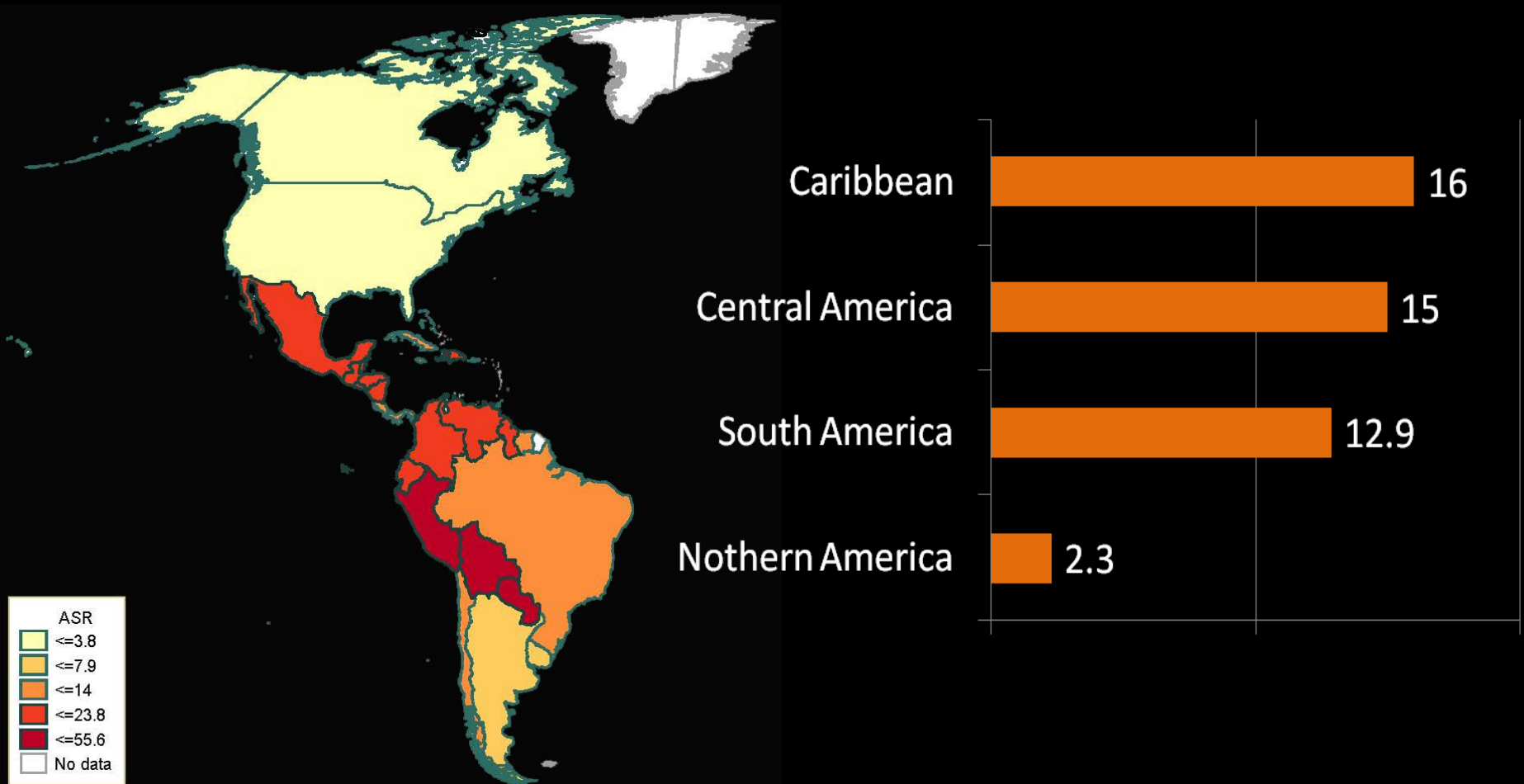


**Cervical cancer** affects women during their **most productive years**

**If current trends continue**, cervical cancer deaths in the Caribbean are projected to **increase to over 3,500 in 2030**

# CERVICAL CANCER MORTALITY

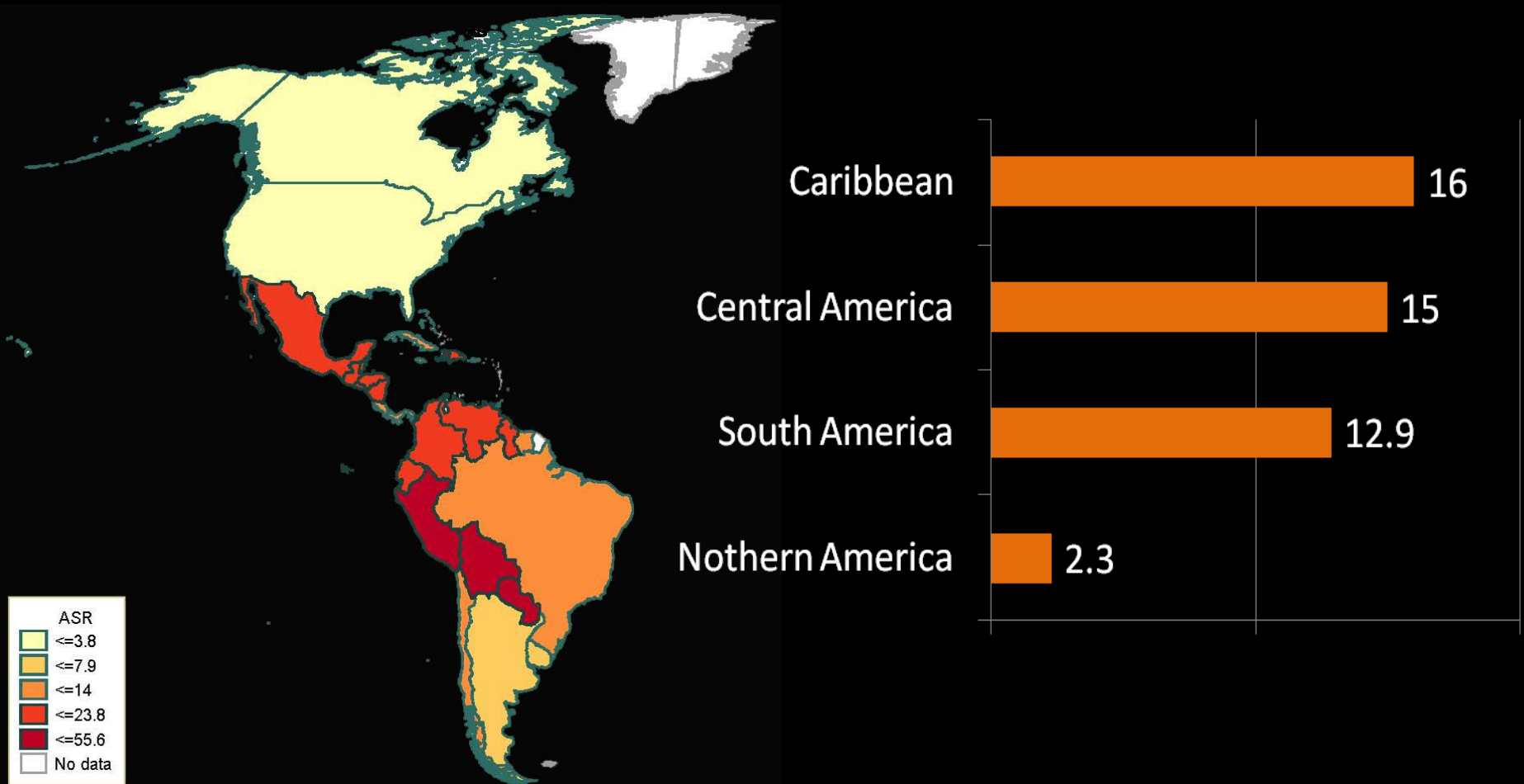
AGE-STANDARDIZED MORTALITY RATES  
per 100,000 women/year



source: IARC, Globocan 2002

# CERVICAL CANCER MORTALITY

AGE-STANDARDIZED MORTALITY RATES  
per 100,000 women/year



source: IARC, Globocan 2002

# CERVICAL CANCER IN THE CARIBBEAN

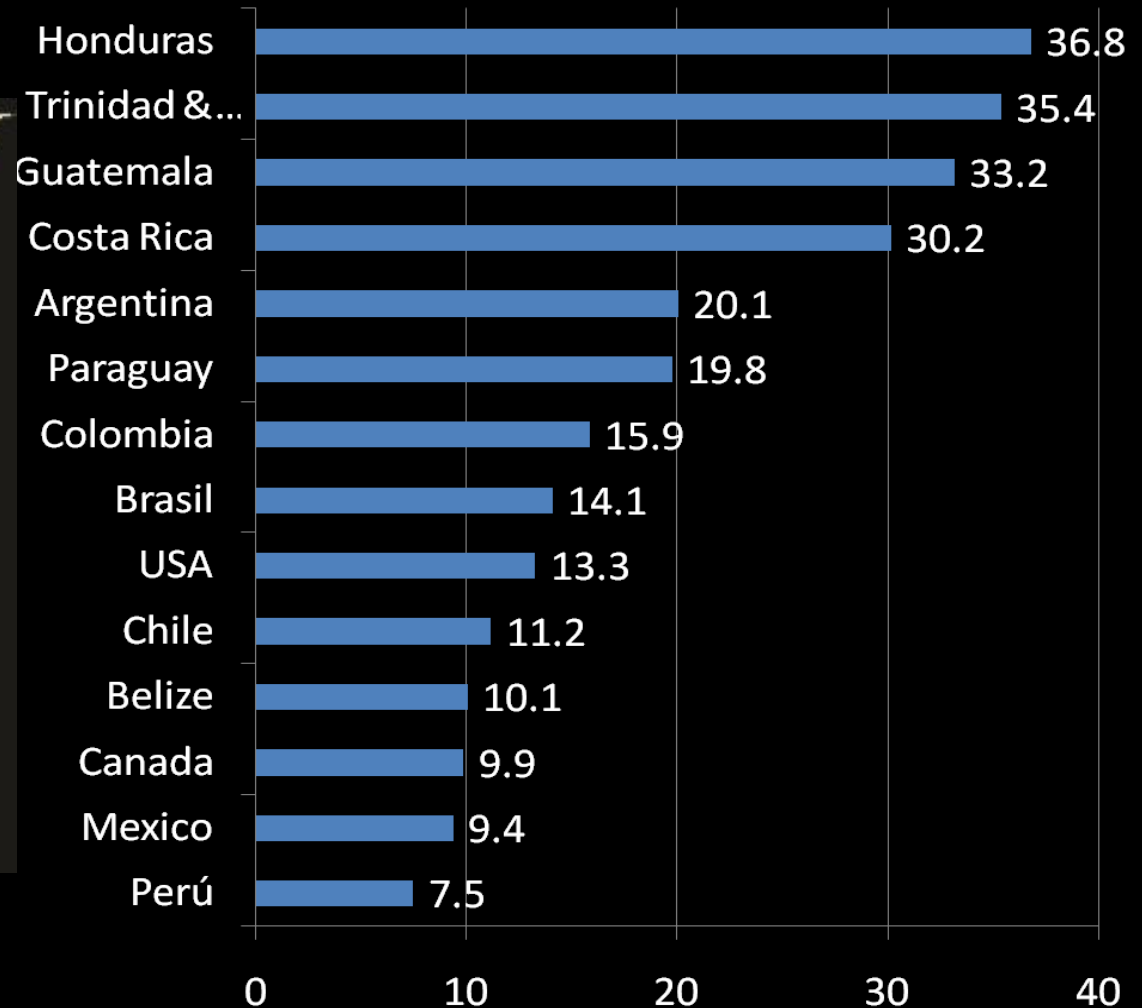
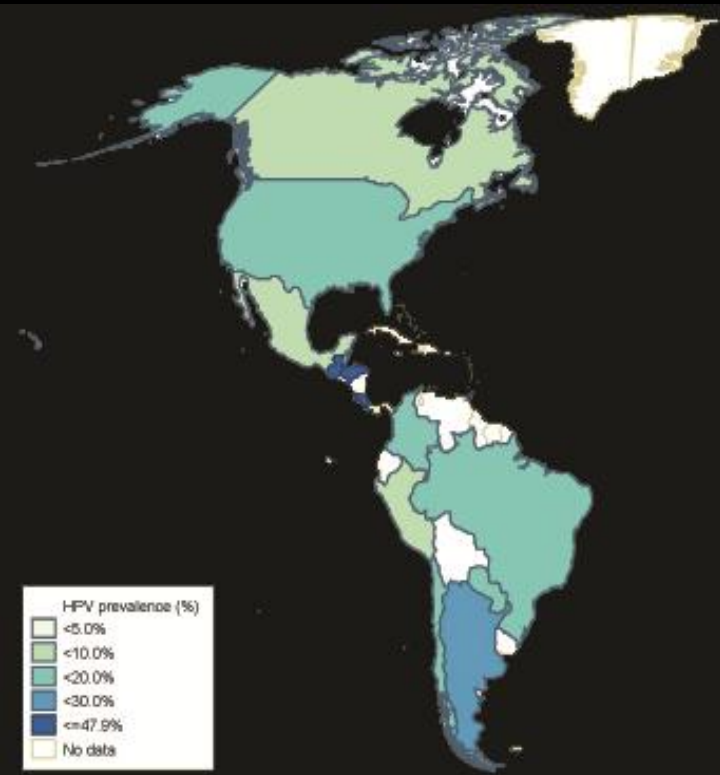
Age-standardized rate (per 100,000 women/year)

COUNTRY	INCIDENCE		MORTALITY	
	No Cases	ASR	No Cases	ASR
HAITI	2774	64.7	1484	48.1
JAMAICA	383	31.2	151	12.2
TRINIDAD & TOBAGO	186	27.1	73	10.7
BARBADOS	46	24.9	18	9.4
BAHAMAS	25	16.7	9	6.2
PUERTO RICO	223	8.8	75	2.8



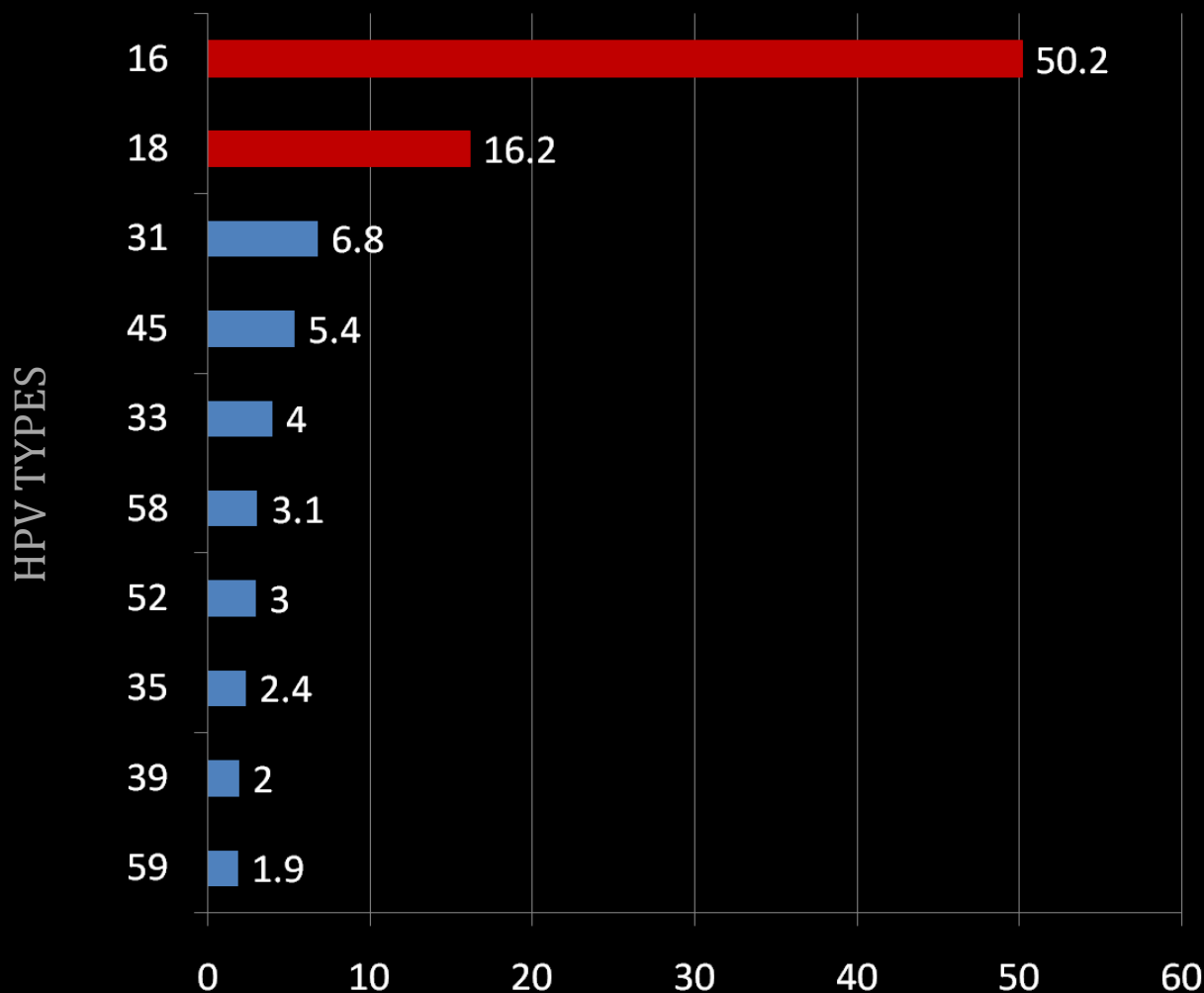
# HPV Prevalence in Selected Countries

(%) AMONG WOMEN WITH NORMAL CYTOLOGY



# HPV GENOTYPES IN LAC

**MOST FREQUENT HPV TYPES (%)  
AMONG WOMEN WITH CERVICAL CANCER**



# HPV PREVALENCE

## (%) in the Caribbean

CYTOLOGY RESULT		CUBA	JAMAICA
NORMAL	No. tested	-	-
	HPV Prev	-	-
LOW-GRADE LESIONS	No. tested		248
	HPV Prev		61%
HIGH-GRADE LESIONS	No. tested		66
	HPV Prev		80%
CERVICAL CANCER	No. tested	45	
	HPV Prev	98%	

Source: ICO/WHO Summary Report Update. Americas. October 2009



# **CERVICAL CANCER IN LATIN AMERICAN AND THE CARIBBEAN**

**CERVICAL CANCER EPIDEMIOLOGY IN LAC**

**WHY SUCH A HIGH BURDEN OF DISEASE?**

**OPPORTUNITIES FOR PREVENTION**

**PAHO's CURRENT WORK**

# REASONS FOR BURDEN INEQUITIES

Why such a difference in cervical cancer between LAC and developed countries?

PROGRAM  
ORGANIZATION



SCREENING TECHNOLOGY

FACTORS ASSOCIATED  
WITH WOMEN

# **OPPORTUNITIES TO IMPROVE CERVICAL CANCER PREVENTION PROGRAMS**



**HPV VACCINES**

**NEW SCREENING TESTS**

HPV DNA Tests,  
VIA(Visual inspection with acetic acid)

**SCREEN & TREAT APPROACH**

VIA followed by cryotherapy treatment

# WHO Recommendations: HPV Vaccines

## Routine HPV vaccine in national immunization programs, if:

- cervical cancer prevention is a priority
- it is feasible
- sustainable financing can be secured
- cost-effectiveness is considered

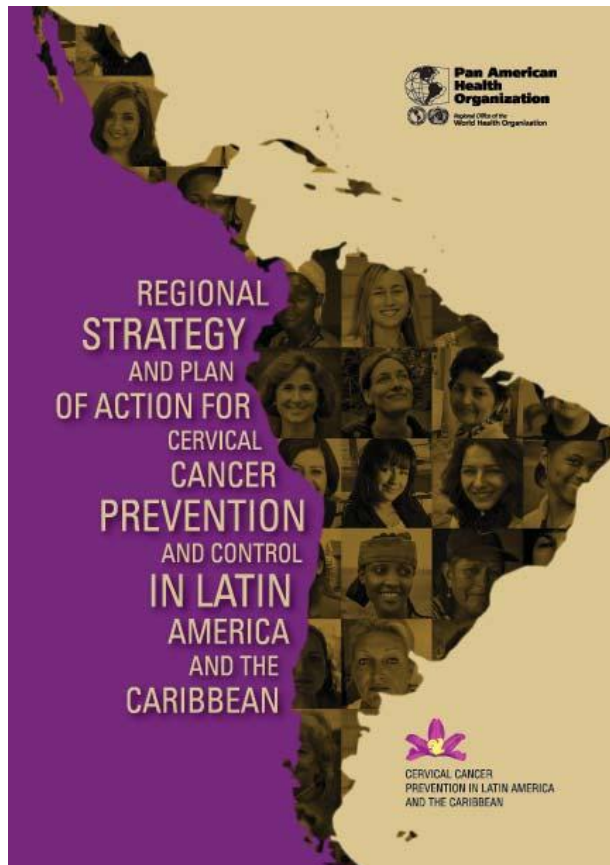
- **Priority Population**  
girls aged 9-13 years



## Catch up strategy

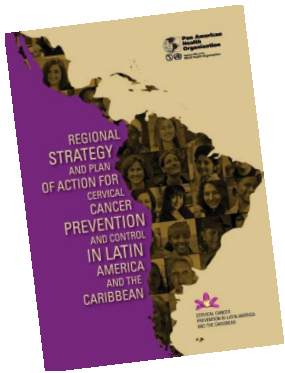
adolescent and young women (eg 14-26), if feasible and cost-effective

# REGIONAL STRATEGY AND PLAN OF ACTION FOR CERVICAL CANCER PREVENTION AND CONTROL



1. Conduct **a situation assessment**
2. Intensify information, **education** and counseling
3. Fortify screening and **pre-cancer treatment programs**
4. Establish or strengthen information systems and **cancer registries**
5. Improve **access and quality of cancer treatment and of palliative care**
6. Generate evidence to facilitate decision making regarding **HPV vaccine introduction**
7. **Advocate** for equitable access and affordable comprehensive cervical cancer prevention





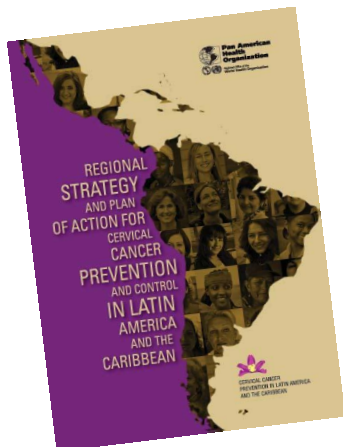
## REGIONAL STRATEGY AND PLAN OF ACTION FOR CERVICAL CANCER PREVENTION AND CONTROL

In settings with **sufficient resources** to sustain quality Pap test screening and guarantee timely and appropriate follow up for women screened positive, strengthen screening programs by :

**Improving the quality of screening tests, and consider introducing HPV DNA testing**

**Increasing the screening coverage of women in the at risk age group (>30 years)**

**Increasing the proportion of timely and appropriate follow up care for women with abnormal screening test results**



## REGIONAL STRATEGY AND PLAN OF ACTION FOR CERVICAL CANCER PREVENTION AND CONTROL

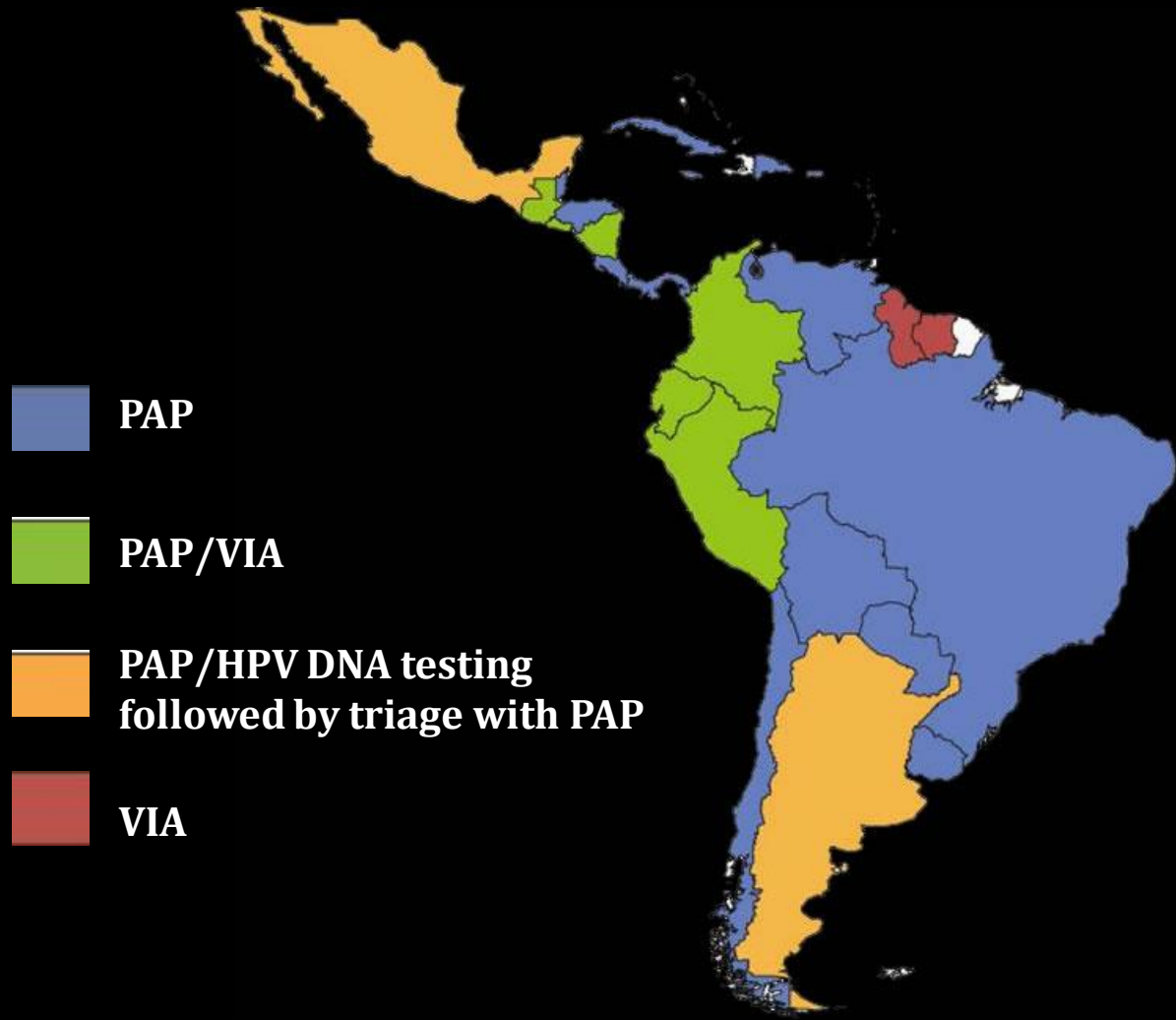
In settings where resources are not sufficient to sustain quality Pap test screening and where there are high rates of women who do not have access to timely and appropriate follow-up care :

**Consider incorporating a single visit screen and treatment approach**

**This involves screening women with VIA followed by immediate treatment of precancerous lesions with cryotherapy**

**This approach can be easily carried out from primary health care services or through outreach campaigns**

# IMPLEMENTATION OF THE REGIONAL STRATEGY



# **KEY MESSAGES**

- **Evidence and tools are available to improve effectiveness of cervical cancer programs.**
- **A comprehensive, integrated approach to cervical cancer prevention and control is essential (best utilization of existing programs at PHC)**
- **Organized screening programs designed and managed at the central level to reach most women at risk are preferable to opportunistic screening.**
- **Regardless of the test used, the key to an effective program is to reach the largest proportion of women at risk (high coverage) with quality screening and adequate and timely follow up and treatment.**
- **Advocacy for public education through multisectoral approach is important.**

# Thank you

