Cervical Cancer

Prevention & Control
A Caribbean Perspective

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Crystal Clear Waters
What is the cervix?
Who gets Cervical Cancer?

ALL WOMEN ARE AT RISK
Human Papillomavirus (HPV)
HPV

Common Infection

Infected with HPV
More Common In Developing Countries

GLOBOCAN 2008, International Agency for Research on Cancer
Because of poor access to screening and treatment services, the vast majority of deaths occur in women living in low- and middle-income countries.
IT COSTS

POOR ECONOMICS

BE POOR
Estimated age-standardised incidence and mortality rates: women

- Breast
- Lung
- Colorectum
- Cervix uteri
- Corpus uteri
- Thyroid
- Non-Hodgkin lymphoma
- Ovary
- Melanoma of skin
- Leukaemia
- Stomach
- Kidney
- Pancreas
- Brain, nervous system
- Bladder

ASR (W) rate per 100,000

Incidence
Mortality

International Agency for Research on Cancer
World Health Organization
Cervical Cancer Incidence

[Bar chart showing incidence and mortality rates for different regions worldwide. The chart is labeled with regions such as Eastern Africa, Western Africa, Southern Africa, South-Central Asia, and more. The chart includes a legend indicating red for incidence and blue for mortality.]
**The 3 Levels of Prevention**

**PRIMARY PREVENTION**
Girls 9-13 years
- HPV vaccination

**Girls and boys, as appropriate**
- Health information and warnings about tobacco use*
- Sexuality education tailored to age & culture
- Condom promotion/provision for those engaged in sexual activity
- Male circumcision

**SECONDARY PREVENTION**
Women >30 years of age
Screening and treatment as needed
- “Screen and treat” with low cost technology VIA followed by cryotherapy
- HPV testing for high risk HPV types (e.g. types 16, 18 and others)

**TERTIARY PREVENTION**
All women as needed
Treatment of invasive cancer at any age
- Ablative surgery
- Radiotherapy
- Chemotherapy

* Tobacco use is an additional risk factor for cervical cancer.
COMPREHENSIVE CERVICAL CANCER PROGRAMS

COMMUNITY
- PRIMARY PREVENTION
  - Health education
  - Counselling
  - HPV Vaccination

PRIMARY HEALTH CARE
- SCREENING & EARLY DETECTION
  - Screening of women at risk: Pap or HPV or VIA
  - Screen and treat
  - Cytology Labs

SECONDARY HEALTH CARE
- DIAGNOSIS, TREATMENT & PALLIATIVE CARE
  - Colposcopy/biopsy
  - Pathology labs
  - Cryotherapy/LEEP
  - Surgery, radiotherapy, chemotherapy
  - Palliative care

TERCIARY HEALTH CARE

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be childwise

counselling to grow your child's wisdom

Health Education

Informing, Educating & Empowering Citizens
It Doesn’t have to Be Like This
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1. CYTOLOGY
2. VIA
3. HPV DNA Testing
CYTOLOGY – The Study Of Cells
George Papanicolaou
Cells are collected from the surface of your cervix by a doctor/nurse.

These cells are then checked under a microscope for any abnormalities.

If abnormal (or precancerous) cells are found, they can be treated before they turn into cancer.

Cervical cancer can be found in the early stages, when it is easier to treat.
Cells are collected from the surface of your cervix by a doctor/nurse/health care provider.
These cells are then checked under a microscope for any abnormalities.
If abnormal (or precancerous) cells are found, they can be treated before they turn into cancer.
Colposcopy
Cervical biopsy ("punch"): small tissue samples are taken from the cervix and examined for disease or other problems.
1 Colposcopy
Screening with Cytology (Pap)

Test limitations

Equipment and personnel requirements

Multiple visits approach
VIA
Visual Inspection with Acetic Acid
VIA
Visual Inspection with Acetic Acid

ACETOWHITE AREAS ARE CONSIDERED INDICATIVE OF PRECANCEROUS LESIONS
Simple, widely feasible and affordable.

- Minimal infrastructural requirements.
- It can be provided by a wide rage of health professionals.
- Results are immediately available,
  - “SCREEN AND TREAT”
HPV DNA Testing

HPV DNA TESTING

A sample of cells is collected from the cervix or vagina using a small brush or swab and sent to laboratory for processing.

DETECTION OF DNA FROM HIGH-RISK HPV TYPES
HPV DNA Testing

Advantages

- **Samples** can be collected by a trained provider or, in the case of vaginal sampling, by the woman herself.

- It is **not as subjective**

- More “upstream” in the carcinogenic process, thus enabling for **longer safety margin for screening**.

- **Higher sensitivity** than Pap smear

- **More effective** among women aged 30 years or older
HPV DNA Testing

Limitations

- Expensive - requiring laboratory facilities, special equipment, and trained personnel
- Takes six to eight hours for results and
- Requires follow-up visits for results and treatment.
SECONDARY PREVENTION
Screening & Early Detection

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2. VIA
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Implementation of cervical cancer prevention and control programs contributes to the attainment of the Millennium Development Goals through universal access to sexual and reproductive health services to improve women’s health.
References

- Incidence/mortality data

- Prevalence data

- Healthy Caribbean 2012 – Rallying for Action on NCDs Regional Strategy and Plan of Action for Cervical Cancer presentation by Dr Tomo Kanda


- Google Image Database
Thank You

That's all Folks!