“Although it is preventable and treatable, cervical cancer continues to be a major killer of women. Caused by sexually-acquired infection with human papillomavirus (HPV), cervical cancer claims the lives of more than 270,000 women every year, most of whom (85 per cent) live in developing countries.” --United Nations Population Fund (UNPF)

“Cancer is killing us. Pain is killing me because for several days I have been unable to find injectable morphine in any place. Please, Mr. Secretary of Health, do not make us suffer any more.” --A classified ad placed in El País newspaper in Cali, Colombia, on September 12, 2008, by the mother of a woman with cervical cancer.

“The tragedy is, this is the is the most preventable cancer in the world.”--Prevention International: No Cervical Cancer (PINCC)

**Monthly Theme: Cervical Cancer in the Developing World**

Reproductive health problems remain the leading cause of ill health and death for women of childbearing age worldwide. Cancer of the cervix, one reproductive health problem, is the second most common cause of cancer-related death in women worldwide, and in some low resource countries accounts for the highest cancer mortality in women.

Pre-cervical cancer (*cervical intraepithelial neoplasia*) is characterized by the appearance of abnormal cells on the surface of the cervix. Typically, most cases are relatively stable and can be eliminated by the body’s immune system. However, a small percentage of cases develop into cervical cancer.

*Photo at left courtesy of PINCC*
Who is likely to get Cervical Cancer?

Women over the age of 35, women who had sex before they were 15, and women with HIV have the highest risk. Women who have had many sex partners or whose partner has had many sexual contacts are also at higher risk.

What is a Cervix?
The cervix is the mouth of the uterus (womb) that sits at the back of the vagina. It's where a sperm gets in to make a baby, and how the baby comes out later.

Cervical cancer is caused by an invisible virus that is spread by having sex, just like HIV. It’s called HPV (human papillomavirus), and more than half of women have it by age 35. Most men and women don't know they have it, unless they get the kind that causes warts: little bumps you may see or feel on the woman’s or man's genitals. Warts are not cancer.

How is cervical cancer prevented?
The HPV virus gets into the skin of the vagina and cervix and lives there. Many infections are cleared up by your own immune system; but the bad kinds can stay, and slowly cause changes in the cervix that may become cancer, over a 5 to 10 year time period. These abnormal cells are called dysplasia. if it is found and treated early, it can be completely removed.

--Excerpted from PINCC
http://www.pincc.org/cervical-cancer/what-is-cervical-cancer

United Nations Millennium Development Goals
The Millennium Development Goals (MDGs) are eight objectives designed by the UN to improve social and economic conditions in developing countries by the end of 2015. Each month we focus on the MDGs impacted by our theme and our monthly featured project.

At the 2005 World Summit, world leaders added universal access to reproductive health as a target in Millennium Development Goals framework. This includes cervical cancer prevention and treatment.

This month we highlight two MDGs:

Goal 6: Combat HIV/AIDS, Malaria and Other Diseases
"Previous research has shown that HIV-positive women are around four times more likely to develop genital lesions and cervical cancer, with 20 percent to 60 percent of HIV-positive women showing signs of pre-cervical cancer. “ (The AIDS Beacon, www.aidsbeacon.com).

Goal 5: Improve Maternal Health
The UN recognizes that most maternal deaths could be avoided. Poverty and a lack of education lead to high adolescent birth risks, and use of contraception is lowest among the poorest women and those with no education. Among women of reproductive age, the mortality burden due to cervical cancer in developing countries is 3.6 times as high as in the United States. (Cervical Cancer Action, www.cervicalcanceraction.org)
Cervical Cancer, HIV and AIDS

One of the major causes of pre-cervical cancer is the sexually transmitted human papillomavirus (HPV). HPV is the most common sexually transmitted virus in the United States. At least 50% of sexually active people will have genital HPV at some time in their lives. **Around 75 percent to 80 percent of women with HIV also have HPV.** Women with HIV have a weakened immune system, which allows HPV to survive in the cervix and cause pre-cancerous lesions.

Several studies presented at the 2010 International AIDS Conference in Vienna, Austria, examined factors that increase risk for development of **pre-cervical cancer and cervical cancer in HIV-positive women**, as well as factors involved in recurrence of pre-cervical cancer.

Cervical cancer prevention should be part of broader sexual and reproductive health prevention services. **This month’s featured program, Prevention International: No Cervical Cancer (PINCC) in El Salvador, always makes sure that the staff treating HIV positive women are trained, and that they educate women to get their screening examinations every year.**

Because of their reduced immune system, **HIV positive women progress to cervical cancer much faster, and anti-HIV drugs don’t inhibit this growth.** The simple process of screening and treating early dysplasia will give these women a longer life, allowing their anti-viral drugs to keep them healthy.

**Worldwide Cervical Cancer Rates**
Barriers to Cervical Cancer Prevention & Treatment in the Developing World

As often seen in developing countries, many women do not take measures to protect themselves from harm because it is socially unacceptable. Cultural factors, in which men have multiple partners, give women little power to negotiate safe sex, and leave monogamous women at risk for disease. In remote and under-served areas, there is often little or no access to health education, condoms, cervical cancer screening, or treatment. Women may know little about their own reproductive health. Preventing cervical cancer requires regular screening and follow-up.

Previous challenges in providing cervical cancer screening through the “Pap-based” system included expense, poor results and follow-up requirements. PINCC discovered a better way to provide thousands of screenings every year in remote areas of El Salvador: they train local health care workers in gynecology examination, visual screening with acetic acid (VIA), cryotherapy (freezing of pre-cancer cells) and LEEP (electrosurgical treatment). All of these are performed in simple outpatient settings, a sustainable program that will continue to serve communities. Their protocol was developed by the Alliance for Cervical Cancer Prevention. It has been proven both more effective and affordable, and avoids the problems of Pap-based systems. Women frequently walk many hours to be seen, and PINCC is able to treat them in one visit with a 90% or better assurance of cure.

A vaccine that can prevent HPV has also become available in recent years, but must be administered before girls (and boys) become sexually active. The greatest barrier to introduce this new technology into programs is the current high cost of HPV vaccines and the HPV test. In addition, sending resources to countries that cannot or will not distribute them would prove challenging. On the other hand, “New vaccines against HPV in the developing world could save hundreds of thousands of lives if delivered effectively,” UN World Health Organization (WHO) Assistant Director-General for Health Technology and Pharmaceuticals Dr. Howard Zucker told an international conference in London organized by six non-governmental organizations (NGOs) – Stop Cervical Cancer: Global Health Strategies.

Questions for Discussion:
1. A new report released by the National Cancer Institute finds that high rates of cervical cancer in certain geographic areas and populations are “indicators of larger problems in access to health care.” Why do you believe this is or isn’t so?

2. The Center for Disease Control in the United States recommends that all girls who are 11 or 12 years old get the 3 doses (shots) of HPV vaccine to protect against cervical cancer and pre-cancer. The CDC did not add this vaccine to the recommended immunization schedules for males in these age groups because, “studies suggest that the best way to prevent the most disease due to HPV is to vaccinate as many girls and women as possible.” Boys don’t get cervical cancer, but they can transmit HPV. Is this realistic? Sexist? Would you expect other countries to make this recommendation?
Voices

The following women were treated by PINCC

Erlinda Guevara — El Salvador, Central America

Erlinda Guevara is 32 years old, and works in San Salvador’s Central Market. She nursed her mother when she died of cervical cancer, and so she knows of its terrible consequences. When she heard there was a screening and treatment program in the Market Clinic, she came right away. “I tell all of my friends and family that they must get examined”, she said. She was overjoyed to be told that her examination was normal.

Maria Rodríguez — Zacamil Health Center

“May God bless you people from PINCC and also our own doctors and nurses for caring for us and helping us. I am bringing my mother tomorrow so she can be screened too. I was scared at first to come but now I understand the exam is not so bad and it is important! My aunt died from cervical cancer but I learned today that I do not have to.”

Lucy Wanyonyi — Kitale, Kenya

Lucy is a 45-year old mother of 8 and grandmother of 5 in Kenya. She had never had an examination of her cervix, but her mother had died of a cancer of her genital organs, and she knew how terrible it could be. She came to our teaching clinic from a village many kilometers away, arriving the night before and sleeping near the clinic to be sure she could get care. PINCC did find cervical dysplasia, and was able to treat her the same day. She has a 95% chance of being cured! She was very grateful, as she needs to care for her 3 youngest children and 5 grandchildren while their mothers work in the fields. “I am so grateful I will not have to suffer and die as my mother did!”, she told us. She promised to return in 6 months so her cervix could be checked by the clinic doctor again.
Sources:
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Changing the world one dinner at a time