

HEALTH EDUCATION AND WELLNESS ROTARY ACTION GROUP (HEWRAG)

GUIDE TO CERVICAL CANCER PREVENTION



Note to the reader: This Guide is intended to serve as a reference for the types of activities that Rotarians and others can undertake to address Cervical Cancer as a Public Health activity. This Guide is not a medical reference and should not be considered authoritative in so far as medical advice is concerned. Any projects undertaken to address Cervical Cancer Prevention should be conducted in concert with local health authorities and in accordance with local regulations, standards, policies, and practices.

AS ROTARIANS, WE ARE UNIQUELY POSITIONED THROUGH OUR WORLDWIDE NETWORK TO MAKE ENORMOUS LEAPS OF PROGRESS IN THE QUALITY OF LIFE FOR THE PEOPLE IN THE COMMUNITIES WHERE WE LIVE, WORK, AND PLAY.

IMAGINE, IF YOU WILL, THE OPPORTUNITY TO ADD DECADES TO THE LIFE EXPECTANCY OF MILLIONS OF WOMEN AND THE CHANCE TO IMPROVE THE QUALITY OF LIFE FOR EVERYONE.

WE HAVE THE TOOLS AND THE OPPORTUNITY TO ELIMINATE CERVICAL CANCER FOR FUTURE GENERATIONS.

THE TIME TO ACT IS NOW.

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What is Cervical Cancer and what causes it?

Cancers are named for the part of the body affected; thus, cancer of the cervix is called cervical cancer. The cervix is the lower part of the uterus that opens into the vagina, and cervical cancer occurs when abnormal cells on the cervix grow out of control.

The most important risk factor of cervical cancer is infection with HPV (human papillomavirus). There are more than 200 genotypes of HPV. Some of them, called “high-risk” types, are associated with cancer of the cervix, vulva, vagina, penis, anus, and head and neck cancer. Others called “low-risk” types are associated with skin and genital warts.

HPV is the most common sexually transmitted infection. A person infected with HPV usually does not have symptoms, and he/she is transmitting the disease without knowing it. Most of the time the infection will clear on its own as around 90% of women will clear cervical HPV infection on their own. There are only a small percentage of women in which the virus will persist and lead to pre-cancer and cancer. However, the good news is that if detected early these pre-lesions or lesions can be treated.

In 2020, the World Health Organization (WHO), adopted a plan to “Eliminate Cervical Cancer as a Public Health Problem” and established three specific goals for the 2020-30 period.

- 90% of girls fully vaccinated with the HPV vaccine by age 15.
- 70% of women are screened with a high-performance test by 35 and 45 years of age.
- 90% of women identified with cervical disease receive treatment (90% of women with pre-cancer treated; 90% of women with invasive cancer managed).

How can cervical cancer be prevented?

There are two ways to prevent cervical cancer: HPV vaccination and Early detection (screening).

HPV vaccination prevents cervical cancer (as well as other HPV-associated cancers) and it is most effective when given to children BEFORE they are exposed to the virus. Vaccination should be prioritized among children 11 and 12 years of age. Age of vaccination initiation as well as whether the focus is on girls only or boys and girls are determined by availability of resources and national/local policies and standards of care.

Screening methods used today include: the Pap test, the HPV DNA Test, or visual inspection with acetic acid (VIA). In general, the method used for screening is determined by the available resources and by the national/local medical policies and standards of care.

Why do we care?

Protecting women from cervical cancer is critical to preserving Rotary's commitment to and investments in maternal health, education, microfinance, and other global efforts to improve the quality of life of women.

The global burden of cervical cancer is high and inequitable. The most recent data showed that 569,847 women were diagnosed with cervical cancer and 311,365 die from this preventable disease in 2018.¹

The WHO estimates that by 2030, the number of cervical cancer deaths is expected to rise to 443,000 globally, more than double the anticipated number of fatalities from pregnancy-related complications. Moreover, the global cost of cervical cancer is expected to grow from US \$2.7 billion per year in 2010 to \$4.7 billion per year in 2030².

Calls from the UN Secretary General in 2016 and WHO's Director-General in 2018 elevated this as a global public health priority. The time to act is now.

¹ Cervical Cancer Action (CCA). *Progress in Cervical Cancer Prevention: The CCA Report Card 2015*. Seattle: CCA; 2015.

² WHO, Health Statistics and Information Systems. Projections of mortality and causes of death 2015–2030.

What can you do to reduce the burden of Cervical Cancer?

Through our international network, broad reach, skills, and experience, Rotarians can support the mission to eliminate cervical cancer, especially for the most vulnerable women who are dying unnecessarily from cervical cancer.

As a Rotarian, you have the opportunity to identify the challenges that cervical cancer presents to the lives of women in your community including your relatives, friends, coworkers, neighbors, and even those people who you do not know. A global network of fellow Rotarians is ready to respond to your call to action once you understand your community's needs to address cervical cancer.

The strategies described in the following pages could be employed in your community and may include some or all of the following:

- **Advocacy and Education**
- **Immunization**
- **Examination**
- **Treatment**
- **Palliative Care**

Advocacy and Education

Communicate to the general population about the importance of cervical cancer prevention.

Recommendation: For all advocacy activities, Rotarians should become aware of local and national policies to avoid conflicting messages.

Educate families about the importance of HPV Vaccination for children.

Recommendation: Before beginning any effort to raise awareness for vaccinations, consult representatives of your local health authorities or Ministry of Health to learn about the national policy for HPV immunization in your country. Not all countries can afford the vaccine, but public health authorities worldwide are aware of its significance.

Encourage women of childbearing age to have routine screening for lesions caused by HPV.

Recommendation: The WHO recommends screening utilizing the best available technology for all women over the age of 30 with priority for the age group 30 to 49 years. Other factors such as HIV, community standards, and available resources influence the need for screening and treatment for women outside of this age group.

Engage policy makers.

Recommendation: As much as possible engage policy makers and public health officials so efforts are sustainable.

Because many countries have an inequitable distribution of healthcare services and resources, Rotarians could advocate for improved resources in communities where those resources are lacking.

Rotarians should also advocate for a comprehensive approach to cervical cancer prevention including universal access to HPV vaccination for all girls and screening and treatment of precancerous and cancerous lesions utilizing available evidence-based strategies/technologies. If these strategies/technologies are not available at their settings, advocate for the public and/or private sector to acquire them and offer to assist in these efforts.

Immunization

Children can be immunized against the HPV virus.

A vaccine to effectively prevent HPV-related cancers in men and women has been available for more than ten years, and it targets HPV that is linked to six distinct types of cancer: cervical, vaginal, vulvar, penile, anal, and head/neck.

Immunization requires multiple doses of the vaccine which are administered at different times. *The cost of the vaccine is high, but in some instances, and for some countries, vaccines can be acquired at a reduced price. Access to discounted vaccine is managed by The Global Alliance for Vaccines and Immunisation (GAVI)³.*

The group of children vaccinated should include both girls and boys before their first sexual activity. *Health officials generally set priorities and when vaccine supply is limited, priority should be given to girls.*

³ The Global Alliance for Vaccines and Immunisation (GAVI) was created in January 2000. A unique public-private partnership, GAVI was formed to bring together the best of what key United Nations agencies, governments, the vaccine industry, private sector, and civil society had to offer in order to improve childhood immunisation coverage in poor countries and to accelerate access to new vaccines.

Screening and Examination

All women who meet basic criteria need regular screening and examinations.

Screening and Examinations can take a variety of forms including Pap smears, HPV testing, and visual examination.

In high resource countries, most women have access to and are screened by a procedure known as a Pap test or Pap test combined with HPV test (co-testing) with some countries transitioning to HPV testing as the primary method. Many low resource settings use Visual inspection with Acetic Acid (VIA). Screening guidelines vary per country, resources, and type of screening. Thus, it is recommended that any education/screening efforts be implemented in conjunction with the local/regional/country screening guidelines.

VIA can be performed by trained clinicians at all skill levels, doctors, nurses, physician assistants, etc. *VIA is a low cost, examination process that is relatively easy to teach but is challenging to expand nationwide on a large scale. The WHO has established guidelines for screening and treatment of precancerous lesions for cervical cancer prevention.*

Treatment

Treatment or removal of the lesions on the cervix caused by HPV are most effective when offered concurrently with screening examinations in low resource settings.

Treatment of precancerous lesions is generally performed at the time of examination when VIA is performed.

Small lesions are generally removed by a procedure known as cryotherapy. In some settings cryotherapy is being replaced with thermocoagulation due to the high cost and lack of availability of the gas needed for cryotherapy.

More significant lesions require a procedure known as Loop Electrosurgical Excision Procedure (LEEP). This is a surgical procedure that requires specific training and equipment.

Women who are suspected to have cancer of the cervix are referred to the appropriate clinical setting. Every program should have in place a referral plan for suspected cases of cancer of the cervix.

Palliative Care

For some patients, examination results in a diagnosis that treatment is not appropriate.

For some patients, the appropriate care is end of life care, also referred to as Palliative Care.

Patient quality of life can be substantially improved with a fully functioning palliative care program.

Additional Items to Consider

- Before embarking in an awareness, education, vaccination and/or screening campaign or effort it is critical to assure that the entire continuum of care can be addressed. For example, screening is just the first step in the process of cervical cancer prevention. It is critical to have the follow-up care in place as well as the assurance that these women can be navigated and supported throughout the continuum.
- Sustainability plans and potential policy changes are recommended at the inception.
- Leveraging existing resources and partnerships with other services can be an asset. For instance, cervical cancer screening programs should consider adding other routine exams such as breast cancer screening, HIV testing, etc.

Resources

World Health Organization (WHO)

To learn more about the WHO and its recommendations for Cervical Cancer Prevention Programs

<http://www.who.int>

Rotary International/The Rotary Foundation

- Cadre of Technical Advisors:
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American Cancer Society (ACS)

To learn more about HPV Vaccination and Cervical Cancer Prevention

<http://www.cancer.org>

Cervical Cancer Action

A global coalition to STOP Cervical Cancer

<http://www.cervicalcanceraction.org>



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