

## Cervical Cancer and Disparities: How to Approach the Same Disease in so Many Different Scenarios?

**Heinke Thais\***

Federal University of Sao Paulo/UNIFESP-EPM and FEMME - Women's Laboratory, Brazil

### ARTICLE INFO

Received Date: April 24, 2022

Accepted Date: April 25, 2022

Published Date: April 25, 2022

### KEYWORDS

Cervical cancer  
Human papillomavirus  
HPV vaccination

**Copyright:** © 2022 Heinke Thais. Cancer Prevention : Current Research Journal. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

**Citation for this article:** Heinke Thais. Cervical Cancer and Disparities: How to Approach the Same Disease in so Many Different Scenarios?. Cancer Prevention : Current Research Journal. 2022; 5(1):117

### Corresponding author:

Thais Heinke,  
Federal University of Sao Paulo/UNIFESP-EPM; FEMME - Women's Laboratory, Rua Botucatu, 740-Vila Clementino, CEP: 04023-062, SP-Brazil,  
Email: thaish1978@gmail.com

### ABSTRACT

Cervical cancer is an important cause of death mostly in low-middle-income countries and consists in a challenge due to the recent WHO initiative to eradicate it as a public health problem worldwide taking into account the different scenarios found among countries, with huge disparities both in incidence and mortality rates.

### INTRODUCTION

Cervical cancer is the 4th of all cancers that costs us a life in every 2 minutes, being the leading cause of cancer deaths in the female population in 42 countries [1], even though about one-third to one-half of all cancer cases could be prevent, due to the known risk factors of each disease [2].

In 2020, the global mortality increased (about 340 000 deaths) and these numbers are likely to continue to grow, mostly in Low-and-Middle Income Countries (LMICC), given the fact that 90% of those cases occur in these scenarios. The vulnerability of these women can be explained by the educational and cultural barriers, lack of knowledge and access to screening programs and effective network that is able to provide treatment once the diagnosis is made. It is widely accepted that the detection of both pre-cancers and cancer in an early stage can save lives [3] Human Papillomavirus (HPV) infection has a high prevalence worldwide, and fortunately cancer is a rare event that may take place when a High Risk (oncogenic) type of HPV is persistently infecting a woman, mainly in the coexistence of immunosuppression and other associated factors. HPV types 16 and 18 cause 70% of cervical cancers and the virus is also linked with anal, vulvar and oropharynx cancers [4].

The World Health Organization has launched in August 2020 the Global Strategy for cervical cancer elimination, a worldwide strategy requiring prevention, screening and management for every cervical lesion. It includes HPV vaccination, screening and early treatment of pre-cancerous lesions or suitable treatment of invasive cervical cancer, including palliative care.

WHO goals to eliminate cervical cancer as a health problem (4 cases: 100.000 women):

- Vaccination: 90% of girls fully vaccinated with the HPV vaccine by the age of 15;
- Screening: 70% of women screened using a high-performance test by the age of 35, and again by the age of 45;
- Treatment: 90% of women with pre-cancer treated and 90% of women with invasive cancer managed.

Each country must meet what has been called as the 90-70-90 targets by 2030 [5].

Developing countries will surely wrestle in order to achieve those goals and it has come a time to focus in a comprehensive approach of the inequities of this peculiar and preventable disease. High income countries have shown decline in both incidence and mortality rates, mainly due to vaccination, well-organized screening and appropriate treatment of detected lesions. Unfortunately, the disparities in the scene is enormous and it seems to be a challenge yet to be solved to whether poor women will be finally taken into account and considered as essential as they should in order to pursue the goal and eradicate this cruel disease; many women with cervical cancer have never had a single Pap Test during their entire lives [6], so novel techniques (that can be great in order to improve diagnosis and workflow as well), including Artificial Intelligence and Digital Cytopathology, may not be the answer in some scenarios, so socio demographic data must be accessed in order to properly design a country strategy to face such a challenge [7].

### ACKNOWLEDGMENT

The author wants to thanks the staff dedicated to screening and cervical cancer prevention, both in UNIFESP-EPM and FEMME Laboratório da Mulher.

### CONFLICT OF INTEREST

None to declare

### REFERENCES

1. Beddoe AM. (2019). Elimination of cervical cancer: challenges for developing countries. *Ecancermedalscience*. 13: 975.
2. Vineis P, Wild CP. (2014). Global cancer patterns: causes and prevention. *Lancet*. 383: 549-557.
3. <https://www.who.int/reproductivehealth/publications/cancers/cervical-cancer-infographics/en>
4. WHO. (2022). Cervical Cancer.
5. WHO. (2018). Cervical Cancer Elimination Initiative.
6. Fruchter RG, Boyce J, Hunt M. (1980). Missed opportunities for early diagnosis of cancer of the cervix. *Am J Public Health*. 70: 418-420.
7. Heinke T, Logullo AF. (2020). Advanced Screening Technologies and Their Applications in Gynaecological Cytology: Can It Be a Pyrrhic Victory? *Diagnostic Pathology and Oncology*.