

Cervical Cancer Prevention

FACT SHEET



10 Key Findings and Recommendations for Effective Cervical Cancer Screening and Treatment Programs

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The Alliance for Cervical Cancer Prevention (ACCP), five international organizations with a shared goal of preventing cervical cancer in developing countries, has been working since 1999 to:

- Assess innovative approaches to cervical cancer screening and treatment.
- Improve service delivery systems.
- Ensure that community perspectives and needs are incorporated into program design.
- Heighten awareness of cervical cancer and effective prevention strategies.

In early 2007, newly-analyzed results of key ACCP studies in India, South Africa, Peru, and Thailand were assessed within the context of previously published results.^{a-f} The results soon will be published in scientific journals and will be summarized in a forthcoming ACCP technical brief. These new results spurred the ACCP partners to outline 10 key findings and recommendations for global policy and practice related to cervical cancer screening and treatment in low resource settings. The recommendations are outlined here:

“Every woman has the right to cervical screening at least once in her lifetime”

1. Every woman has the right to cervical screening at least once in her lifetime. In low resource settings, the optimal age for screening to achieve the greatest public health impact is between 30 and 40 years old.
2. Although cytology-based screening programs using Pap smears have been shown to be effective in the US and other developed countries, it is difficult to sustain high quality cytology programs. Therefore, in situations where health care resources are scarce, resources should be directed towards cost-effective strategies that are more affordable and for which quality can be assured.
3. Studies have shown that the most efficient and effective strategy for secondary prevention of cervical cancer in low resource settings is to screen using either HPV* DNA testing or VIA (visual inspection), then treat pre-cancerous lesions using cryotherapy (freezing). This is optimally achieved in a single visit (currently possible with VIA + cryotherapy) and can be carried out by competent physicians and non-physicians, including nurses and midwives.**
4. The use of HPV DNA testing followed by cryotherapy results in greater reduction of cervical cancer precursors than the use of other screening and treatment approaches.
5. Cryotherapy, when conducted by competent providers, is safe and results in cure rates of 85% or greater.

* HPV stands for Human Papillomavirus, the virus which causes cervical cancer.

** It is important to note that subsequent to screening using an HPV DNA test, triage using VIA is still necessary to identify those patients for whom cryotherapy is not appropriate.

6. Studies suggest that cryotherapy is protective against the future development of cervical disease among women with current HPV infection. Because of this, and due to the low morbidity of cryotherapy, the occasional treatment of screen-positive women without confirmed cervical disease is acceptable.
7. Unless there is a suspicion of invasive cervical cancer, the routine use of an intermediate diagnostic step (such as colposcopy) between screening and treatment is generally not efficient and may result in reduced programmatic success and increased cost.
8. Women, their partners, communities, and civic organizations must be engaged in planning and implementing services, in partnership with the health sector.
9. For maximum impact, programs require effective training, supervision, and continuous quality improvement mechanisms.
10. Additional work is needed to develop rapid, user-friendly, low cost HPV tests and to improve cryotherapy equipment.

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