

CERVICAL CANCER IN THE AMERICAS

KEY STATISTICS

- Over 83,100 women were diagnosed with cervical cancer and almost 35,700 died from this disease in the Region of the Americas, in 2012.
- The number of cervical cancer deaths in the Americas is projected to increase by 45% to over 51,500 by 2030, if current trends continue.
- The majority of cervical cancer deaths (80%) are in Latin America and the Caribbean, where cervical cancer ranks as the second most frequent cause of cancer cases and cancer deaths among women of all ages.
- Cervical cancer mortality rates are three times higher in Latin America and the Caribbean than in North America, highlighting inequities in health.
- Screening women for cervical pre-cancer, followed by treatment, is a cost-effective intervention to prevent cervical cancer.
- HPV (human papilloma virus) vaccines are very effective tools to prevent cervical cancer, and approximately 70% of cancer cases could be avoided through HPV vaccination of adolescent girls.

KEY MESSAGES

1

CERVICAL CANCER IS A LEADING CAUSE OF DEATH AMONG WOMEN IN LATIN AMERICA AND THE CARIBBEAN.

DESPITE BEING HIGHLY PREVENTABLE, CERVICAL CANCER KILLS 35,700 WOMEN EACH YEAR IN THE AMERICAS AND THE MAJORITY (80%) OF THESE CASES ARE IN LATIN AMERICA AND THE CARIBBEAN.

- With mortality rates three times higher in Latin America and the Caribbean than in North America, cervical cancer highlights the existing inequities in wealth, gender and access to health services in the Region.
- If current trends continue, cervical cancer deaths in the Americas are projected to increase to over 51,500 in 2030, due to the growing population and gains in life expectancy; 89% of these deaths will occur in Latin America and the Caribbean.

2

COMPREHENSIVE CERVICAL CANCER PREVENTION AND CONTROL PROGRAMS ARE ESSENTIAL TO REDUCE THE BURDEN OF DISEASE.

THIS INCLUDES EDUCATION, HPV VACCINATION, SCREENING, TREATMENT AND PALLIATIVE CARE, WITHIN AN ORGANIZED PROGRAM WITH MONITORING AND EVALUATION.

- Caused by persistent infection with certain types of the human papillomavirus (HPV), cervical cancer develops over the course of many years, presenting opportunities for prevention, including HPV vaccination and screening for and treatment of precancerous lesions.
- Health promotion and health education should aim to ensure that women, their families and the community at large understand that cervical cancer is preventable and that women need to seek screening services and be treated, in the event of abnormal test results.
- Vaccination against the human papilloma virus (HPV) and screening for and treatment of pre-cancer or cancer are key tools to prevent cervical cancer cases.
- Efforts to improve access to adequate and timely diagnosis and treatment are also critical. The cure rate for invasive cervical cancer is closely related to the stage of diagnosis and the availability of treatment. If left untreated, cervical cancer is almost always fatal.



3

ABOUT 70% OF NEW CANCER CASES COULD BE PREVENTED THROUGH HPV VACCINATION OF ADOLESCENT GIRLS.

- Safe and effective HPV vaccines against oncogenic HPV types 16 and 18 are available, allowing primary prevention for cervical cancer cases caused by these common HPV types.
- HPV vaccines are targeted to adolescent girls, between 9-12 years of age, before sexual debut and exposure to HPV.

4

CERVICAL CANCER CAN BE PREVENTED IN ADULT WOMEN IF PRECANCEROUS LESIONS ARE IDENTIFIED THROUGH SCREENING AND THEN TREATED.

- The Pap test or cytology has been the gold standard for cervical cancer screening worldwide. Cytology-based screening programs have been effective to reduce cervical cancer mortality in high-income settings.
- In low resourced settings, cytology based screening programs have not had a comparable impact on mortality rates, mainly due to system challenges to achieve high screening coverage, follow up of all women with abnormal test results, and poor performance of the screening test in those settings.
- Over the last decade, new alternatives to the Pap test have become available, including visual inspection techniques and HPV DNA testing. These developments represent a breakthrough for effective delivery of cervical cancer prevention in all resource settings.
- Regardless of the screening test used, an effective program needs to reach the largest proportion of women at risk with quality screening and adequate follow up treatment.

KEY ACTIONS BY PAHO

- In the Regional Strategy and Plan of Action for Comprehensive Cervical Cancer Prevention and Control, PAHO is working with countries in the Americas to:
 1. Conduct a situation analysis;
 2. Intensify information, education and counseling;
 3. Fortify screening and pre-cancer treatment programs;
 4. Establish or strengthen information systems and cancer registries;
 5. Improve access and quality of cancer treatment and of palliative care;
 6. Generate evidence to facilitate decision making regarding HPV vaccine introduction;
 7. Equitable access and affordable comprehensive cervical cancer prevention.
- Demonstration projects have been established using alternative screening approaches in several countries in Latin America and the Caribbean.
- Technical assistance is provided to countries in the Region to strengthen their cervical cancer programs.
- HPV vaccines are included in PAHO's Revolving Fund, enabling bulk purchase at one unique price for all countries in the Americas, and a cost-effectiveness model has been developed by PAHO's ProVac Initiative to support decision making about HPV vaccine introduction and strategies to strengthen cervical cancer screening.
- With respect to treatment, PAHO has a longstanding history of working with Ministries of Health in the Americas to improve quality and access to radiotherapy services and strengthen capacity for cancer treatment, working together with the International Atomic Energy Agency.

To find out more about cervical cancer in the Americas and PAHO's work, visit:



www.paho.org/cancer



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