



## Cervical Cancer Global Report Card: Prevention Possible, Much Work Still Urgently Needed

EMBARGOED THROUGH APRIL 13

**UN Building, New York City, April 13, 2011** -- Today the Cervical Cancer Action coalition (CCA) launched a report assessing global readiness to fight cervical cancer using new approaches and new technologies, especially in regions where the disease is a common killer. According to the WHO, more than half a million women contract the disease every year and about 275,000 women die from cervical cancer. Because prevention is within reach, these statistics represent a failure of national health systems to protect their women and girls. The gap is not a technological one - it is a gap of political will and resource management. Cervical cancer needs more attention, and more funding.

The report finds much to be encouraged about—for example, a simpler and less expensive method of screening adult women for cervical precancer and the early stages of cancer, which was considered experimental only ten years ago, now is routinely offered in 18 low- and middle-income countries and is available on a pilot basis in 23 more. And the human papillomavirus (HPV) vaccine, considered by many as still too expensive for developing world use, already has been introduced nationally in countries like Malaysia, Mexico, Panama and Peru (along with 29 other wealthy countries). Vaccine pilot programs have begun in 20 additional countries, including Cambodia, Haiti, Nepal, Uganda and Vietnam. Young adolescent girls are the primary beneficiaries of the vaccination programs.

The report underscores the urgent need for the global community to prioritize cervical cancer prevention and control on global health and development agendas. The United Nations will hold a High-Level Meeting on Noncommunicable Diseases in September that represents an unprecedented opportunity to address emerging threats to women's health and development, like cervical cancer.

The report can be downloaded from [www.cervicalcanceraction.org](http://www.cervicalcanceraction.org).

In their foreword to the report Nobel Laureate Professor Harald zur Hausen and Madame Tobeka Zuma, First Lady of South Africa and Chair of the Forum of African First Ladies Against Breast and Cervical Cancer, said "With powerful solutions now within reach for all countries, we have an obligation to change the course of this disease. We strongly urge the international community to recognize the need, opportunity and commitment documented in this report and to act swiftly to provide the leadership and resources necessary to encourage expansion of programs to save the mothers of our nations and the families they nurture and preserve." The report highlights the disparities in cervical cancer control in the developed and developing world and how lifesaving progress is being undermined by the lack of resources and access to effective screening methods and to HPV vaccination.

The US, Europe, Australia and other high-income countries have used the Pap smear (also known as cytology) to screen adult women since the 1960s, with great success reducing cancer rates. Now 88 percent of cervical cancer deaths occur in places where the complicated Pap test cannot be sustained. Fortunately those countries have another option. Visual inspection with acetic acid (vinegar), is a low-tech, rapid screening method endorsed by many international cancer and reproductive health groups, including the eight CCA members, members of the Alliance for Cervical Cancer Prevention, the World Health Organization, and the United Nations Population Fund among others. VIA has been shown to be as effective, or more effective, than Pap. And VIA, coupled with cryotherapy for treatment (a relatively simple method of freezing precancerous tissue) can offer women in remote areas services that are both effective, and much less time-consuming and burdensome. For example, where a Pap-based system may require four or more separate visits to a hospital for screening and treatment, VIA and cryotherapy can be done in two visits only, and in some cases during a single visit. The need for fewer repeat visits means that fewer women will "drop out" of treatment because they could not afford the expense or time to



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return. Studies have shown that even a single screening, when coupled with appropriate treatment, can dramatically reduce a woman's lifetime risk of cervical cancer.

A new, lower cost biochemical test that detects the DNA of human papillomavirus, the virus which causes cervical cancer, is much more sensitive than either Pap or VIA and may further revolutionize cervical cancer screening in the developing world. Studies have shown that some women fail to come for screening because they do not want to undergo a pelvic exam, especially if it is conducted by a male provider. In such a case, a test that allows women to gather a vaginal (not cervical) sample themselves, without a pelvic examination and in a private space using a small brush and storage tube provided by the clinic, could overcome this concern. Early results comparing clinician-gathered versus self-collected specimens for HPV testing showed only a slight decrease in sensitivity for the latter approach. While not yet proven effective, if results continue to be positive, this option could remove another serious barrier to screening all women in need.

Compared to screening, HPV vaccination systems are relatively easy to set up as vaccination takes only a few minutes and many staff are already trained vaccinators. The primary barrier to widespread vaccination is the cost of the vaccine itself. CCA reports, however, that HPV vaccine prices are dropping fast, from a private sector price of about \$120 per dose in 2006 to a negotiated public sector price of about \$17 per dose in 2011. And while this is still much too expensive for most low-income countries, CCA is encouraged by the trend and looks forward to the day, "when the GAVI Alliance, which supports the co-financing and purchase of new and underused vaccines, includes HPV vaccine in its portfolio [and] the world's 72 poorest countries—burdened by more than half of the world's cervical cancer cases—will have affordable, sustainable access to highly effective prevention."

Cervical Cancer Action is a coalition of eight international agencies and 1,200 individual members focused on working collaboratively to eliminate cervical cancer deaths worldwide. The Governing Council of CCA includes the American Cancer Society, AVAC, Cancer Research UK, the International Federation of Gynecology and Obstetrics, the International Planned Parenthood Federation, the Pan American Health Organization, PATH, and the Union for International Cancer Control. The CCA website is [www.cervicalcanceraction.org](http://www.cervicalcanceraction.org).

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