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EDITORIAL

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Eradicating cervical cancer

Richard M.K. Adanu
Editor, IJGO

Cervical cancer is one of the most common causes of death for women in low- and middle-income countries.[1] This situation is unacceptable because cervical cancer has been shown to be one of the preventable cancers. Cervical cancer is caused by human papilloma virus (HPV), which is an infectious agent. The pathogenesis of cervical cancer begins with HPV infection and then slowly progresses to a premalignant disease of the cervix, before developing into an invasive disease. This pathogenesis clearly shows that there are many stages and enough time to detect the disease at an early stage and thereby prevent the development of invasive cancer. There are also proven methods of curing cervical cancer if it is detected at the earliest stages of the disease. Cervical cancer is neither a common disease nor a leading cause of death in high-income countries because their health systems have effective measures in place to prevent, detect, and treat the condition. These facts are part of the reason why the World Health Organization (WHO) is leading a campaign to eradicate cervical cancer.[2] FIGO is playing an active role in furthering this campaign, and in 2018 launched a joint global declaration on the elimination of cervical cancer with WHO and UNFPA.[3] Infectious diseases such as polio have been successfully eradicated from many parts of the world,[4] and there are some low- and middle-income countries (LMICs) that have been able to eradicate malaria.[5] It is therefore understandable that WHO should take on the task of eliminating cervical cancer, which could be considered an infectious disease. The three key targets that have been identified by WHO as key to the elimination of cervical cancer are:

1. Increased coverage of HPV vaccination
2. Increased coverage of screening for premalignant disease with an HPV test, and appropriate management of women who screen positive
3. Reducing mortality from cervical cancer by providing appropriate treatment.[2]

Societies of gynecologists and obstetricians in LMICs need to be advocates for the inclusion of HPV vaccination in national immunization programmes. Many LMICs have been able to successfully address the vaccine-preventable childhood killer diseases through effective immunization programmes,[6] and this shows the existence of appropriate infrastructure which can meet the current challenge of ensuring that all adolescent girls receive the HPV vaccine. With cervical cancer being a major public health concern it stands to reason that HPV vaccination must benefit from the types of subsidies that exist for the vaccine-preventable childhood killer diseases. Governments of LMICs, together with partner organizations that support healthcare delivery in these countries, must work together to ensure that appropriate levels of coverage are achieved for the HPV vaccine.

The existence of effective screening methods for premalignant diseases of the cervix has been known for many years. The cervical smear is the oldest existing screening method, and visual inspection of the cervix with ascetic acid (VIA) is also available in many areas where cervical cancer prevalence is high. The more recent addition to the tools for screening is the HPV test. The cervical smear and VIA need to be performed by a healthcare worker, but in the case of the HPV test there have been a number of recent publications in the *International Journal of Gynecology and Obstetrics* (IJGO) about the effectiveness of self-sampling by women.[7–9] Many of the women in LMICs who benefit from screening for premalignant diseases of the cervix have either had to ask directly for the test to be performed or have been part of short-term targeted screening programmes. There is a need to work actively in setting up systems where a screening test is performed for all women who come into contact with the health system in LMICs. Screening for premalignant diseases of the cervix must be decentralized and must not only be a part of gynecology services. Setting up an effective screening system with referral of women who screen positive to a gynecology service will result in cervical cancer cases being detected at an early stage so that surgical and radiotherapy services can be provided where necessary.

IJGO is interested in publishing implementation research papers that demonstrate how cervical cancer prevention and treatment have been

successfully integrated into healthcare systems in LMICs. Such publications will help other countries to develop similar systems while avoiding all the difficulties of the pioneers of such systems. We would also be happy to publish implementation science papers on the effect that cervical cancer prevention and treatment interventions have had in terms of coverage of services and impact on disease incidence and prevalence.

Eradicating cervical cancer globally is a lofty but worthwhile target to set, and it is important that all women's reproductive health advocates join hands with WHO in this campaign.

Richard M.K. Adanu
Editor, IJGO
School of Public Health, University of Ghana, Legon, Ghana
Email: editor@figo.org

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