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Editorial

Eliminating Cervical Cancer: The Way Forward

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The World Health Organization has declared cervical cancer a public health problem. In 2020, at the World Health Assembly, 194 countries unanimously agreed that cervical cancer must be eliminated worldwide. They developed a concept paper stating that cervical cancer should be eliminated globally by 2030.

For this purpose, a 90-70-90 target has been set for the world. Accordingly:

- 90% of children aged 9 to 14 must be brought under HPV vaccination,
- 70% of the population must be brought under screening. At a minimum, high-performance HPV-DNA testing should be conducted for cervical cancer screening at least twice in a lifetime, at ages 36 and 45,
- 90% of women must receive treatment for pre-invasive disease (the precancerous stage) as well as treatment for invasive cancer.

In line with this goal, pilot HPV vaccination for cervical cancer began in Bangladesh in 2023. Regarding screening, the Government of Bangladesh introduced VIA-based cervical cancer screening in 16 pilot districts in 2005, and currently there are 701 VIA centers providing screening services.

Cervical cancer is a burning issue, and we must take proactive steps toward its elimination. Among Bangladeshi women, cervical cancer is the second most common cancer. According to the 2023 estimates of the International Agency for Research on Cancer (IARC), approximately 9,600 new cases are diagnosed annually, with about 5,800 women dying each year. On average, 26 women are newly affected, and 14 women die every day from cervical cancer. Yet, this cancer is preventable if we take the right measures. Generally, women aged 35 to 45 years and post-menopausal women aged 60 to 69 years are most affected. Common symptoms include bleeding after sexual intercourse, abnormal bleeding outside of menstruation or bleeding after menopause, foul-smelling discharge, and lower abdominal or back pain.

Women who marry at an early age, have multiple sexual partners, practice unprotected sex, smoke, or use oral contraceptive pills for a long time are at higher risk of developing this disease. Raising awareness is the most important need currently. Active participation of husbands, family heads, community leaders, and political leaders needs to be reinforced. It should be clearly communicated that cervical cancer is preventable and that a combination of screening and vaccination constitutes an effective preventive strategy. Through collective efforts, even if the WHO-defined 70% screening target is not achieved by 2030, it is still possible to reach it within a few years. Bangladesh has already achieved 93% vaccination coverage, which is a major success at the first level. During follow-up of vaccinated girls, their guardians can be informed that vaccination alone is not sufficient and that at least one HPV test in a woman's lifetime is essential.

The globally used message "Vaccination for Daughters, Screening for Mothers" to the Bangladeshi context could play a vital role in raising awareness. HPV-DNA testing is a WHO-recognized standard screening method with high sensitivity. VIA is not sufficiently effective for HPV-negative women, whereas HPV-DNA testing can bring them under effective protection. During the COVID-19 period, PCR machines were installed in various medical colleges and district hospitals. If the government ensures reagents and test programming, these machines can easily be used to introduce HPV-DNA testing. Alongside VIA, this test can also be incorporated into the national screening program.

According to the WHO action plan, only two HPV-DNA tests in a woman's lifetime-at age 35 and 45 are sufficient. If this guideline is incorporated into the national strategic plan, introducing HPV-DNA testing at the government level would become more practical. Although VIA testing is currently low-cost and painless, it does not appear to be highly effective in reducing the burden of cervical cancer in a screening program. However, if we can define when HPV-DNA testing should be done, it would be far more effective. Screening once at age 35 and

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once at age 45 with HPV-DNA testing alone can prevent cervical cancer.

Approximately 200 HPV genotypes have been identified, of which 14-15 is considered high-risk. HPV-16 and HPV-18 account for roughly 70% of cervical cancers. Therefore, if HPV-DNA testing is positive in the first step and genotyping identifies HPV-16 or HPV-18, prompt colposcopy and further evaluation are essential. A challenge with HPV testing is that it also detects transient infections that will never progress to cancer. As a result, colposcopy is not required in all cases. However, a high number of positive results can create unnecessary pressure on colposcopy services. Therefore, triage in screening is essential.

If a woman tests positive for HPV-16 or HPV-18, or if HPV-16 is detected, immediate colposcopy is required. If genotypes other than HPV-16 are detected, direct colposcopy is not necessary. In such cases, a second-step Pap test or VIA test can be performed. The same sample collected for HPV testing can be used for a Pap test. In cases of a positive Pap test, colposcopy should be performed; if negative, HPV testing should be repeated after one year. Using a three-tier triage system HPV genotyping, Pap test, or VIA significantly reduces the burden on colposcopy services. Another advanced method is dual stain testing. Although it is expensive, it is effective for those who can afford it. If dual stain is positive, immediate colposcopy is required; if negative, HPV testing should be repeated after one year.

The primary target group is girls in grades 5 to 9 or out-of-school girls aged 10 to 14 years, as the risk of HPV infection is low in this age group. The secondary or catch-up group (aged 15 to 26 years) is not easily included in the national immunization program at present, but raising awareness and encouraging vaccination among them is essential. For women aged 26 to 45 years, vaccination requires consultation with gynecologists. Incorporating information on this disease into school curricula, addressing misconceptions regarding vaccine efficacy and side effects, and enhancing awareness through mass media and social platforms are essential.

We must remember that awareness-raising is just as important as vaccination. If the continuity of these initiatives is maintained, the goal of eliminating cervical cancer can be achieved. In Bangladesh, cervical cancer is one of the most preventable yet deadly cancers among women. Every year, countless women are affected due to lack of awareness, late diagnosis, and limited access to vaccination. In the global roadmap announced by the World Health Organization to eliminate cervical cancer by 2030, three pillars - awareness, screening, and vaccination have been identified as the foundation of this fight.

To establish a safe and well-protected vaccinated population across all settings, OGSB and other professional organizations are implementing these initiatives in a phased manner and remain committed to further strengthening them in the future. However, considerable progress is still required. By expanding vaccination coverage, strengthening targeted awareness programs for adolescent girls, and improving the accessibility and acceptability of screening services, Bangladesh can achieve the global target by 2030. Because every girl in Bangladesh has the right to a safe, healthy, and cancer-risk-free future. This is the promise of women's protection.

Sources: Electronic media, Internet.

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