Saving women’s lives from cervical cancer

Thanks to intensive research over the past two decades into viable prevention strategies that can work even in the lowest-resource communities, we now have an extraordinary opportunity to address cervical cancer in developing countries, where 80% of the mortality occurs. These prevention strategies include visual inspection with acetic acid, human papillomavirus (HPV) testing (both linked to treatment), and vaccines.

We, the undersigned, affirm that we must address cervical cancer now. At the same time, we want to express concern over any rush into complex technologies, even low-cost ones, as the main solution. As organisations working in some of the poorest countries, we must “walk in the shoes” of the women we serve to assess the feasibility of any approach. The following criteria are crucial for success:

- Local access—screening in a woman’s own community
- Single visit—immediate results linked to timely treatment
- Affordable—visual inspection with acetic acid costs US$0·23 per patient, HPV tests an expected $5–10, and $10–25 for vaccines
- Reproducible—simple protocols easily taught by local trainers or providers
- Sustainable—proprietary supplies and equipment present insurmountable barriers for weak supply-chain systems

We believe the best option for successfully reducing mortality now lies in the model that links visual inspection with acetic acid and cryotherapy, which has been successfully implemented in remote regions of the world. Studies of visual inspection with acetic acid have reported sensitivity comparable to that of cytology while requiring fewer specialised personnel and less infrastructure, training, and equipment.

A single screening with visual inspection with acetic acid in a woman’s lifetime, between the ages of 30 and 50 years, with immediate treatment for all women who screen positive, can reduce the risk of cervical cancer by about 30%.

We are at a crossroads in the fight against cervical cancer. As stated at the Women Deliver Conference in June, 2010, we have an “unprecedented opportunity to give women and girls an equal chance at healthy and productive lives, free from cervical cancer”. The one immediately viable option at this time is visual inspection with acetic acid and the single-visit approach. Let us unite in the goal of delivering what has been found to be effective now. When the HPV test or other new methods can be offered at an affordable price and sustainably in remote, low-resource settings, then we should embrace them as important options in the battle against this preventable disease. Now let us do what is proven and doable: let us aim for reducing mortality by 30%. That is an enviable goal for any cancer prevention strategy.

We declare that we have no conflicts of interest.

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