

A guide for women

Preventing
Cervical
Cancer



TAC
TREATMENT ACTION CAMPAIGN

Cervical Cancer

(cancer of the mouth of the womb)

- Cervical cancer may be caused by certain types of the Human papilloma Virus (HPV). Every year nearly 500,000 women suffer from cervical cancer, and 270,000–300,000 die of this disease. Globally, cervical cancer is the second most common cause of cancer among women, and in many countries it is the leading cause. Eighty percent of cervical cancer deaths (8 out of ten) occur in developing countries, because of lack of screening programmes to catch the disease early.
- Cervical cancer usually starts to appear approximately 20 years after sexual activity begins, so in countries where women start having sex as young teenagers, cervical cancer will be mostly seen in women in their late 30s and early 40s. In countries where most women start to have sex in their late teens or early twenties, it will generally be seen in women a decade older. The very best policy would be to screen all women from age 30 every 2 years.
- South Africa's policy is to provide a lifetime total of three free pap smears, taken at 10-year intervals, to all women if their HIV status is not known (including pregnant women up to 30 weeks). So women should be screened at approximately the ages of

30, 40, and 50 years, with follow-up and treatment for abnormal tests also provided free of charge. This will have the greatest effect in preventing the largest number of cases of cervical cancer because it usually takes a long time for abnormal cells to turn into cancer cells, and therefore affects more older than younger women.

- Cervical cancer is more common among HIV-positive women. It is one of the few conditions where abnormal cells can be picked up through screening **before** they become cancerous, and cancer can therefore **be prevented**. It is essential that every woman who has a pap smear understands the reason for the test, the importance of receiving the result, and that follow-up treatment may be necessary.
- Any women who receives a pap smear at a health institution **must receive a date to return in 8 weeks time for the result of the test**. If a woman does not know the result of previous tests or the results cannot be found in the records, she should be considered as unscreened and should be offered a pap smear. This screening programme should be integrated with the **breast-screening programme** to increase awareness of breast examinations and to possibly detect breast cancer.

What does TAC advocate for?

1. Get your pap smear if you are HIV-negative and you are 30 years or older.
2. Get your pap smear at diagnosis if you are HIV-positive and every year thereafter.
3. If you have abnormal bleeding and abnormal vaginal discharge, get a pap smear.
4. For now, those who can afford to take their children for HPV vaccination should do so. TAC is campaigning for a reduction in price for these vaccines, and advocating for government to administer them in at public clinics and hospitals.



National Office 021 422 1700
Khayelitsha District 021 364 5489
Ekurhuleni District 011 873 4130
Mopani District 015 307 3381
Umgungudlovu District 033 394 0845
Gert Sibande District Office 017 811 5085
Lusikisiki District 039 253 1951/2

www.tac.org.za



How to prevent cervical cancer

Vaccines to prevent HPV, the virus which can cause cervical cancer, before it is transmitted

There are now two vaccines that protect against certain types of HPV, and therefore against later development of cervical cancer. Cervarix is manufactured by GlaxoSmithKline and protects against types 16 and 18, which are responsible for 70% of cervical cancer worldwide. Gardasil is manufactured by Merck and protects against HPV types 16 and 18, as well as two other types of HPV types that cause genital warts. It is important that the vaccine be given before a girl or young woman becomes sexually active, and therefore is usually recommended for ages 10–26. The vaccines do not have any effect on an existing HPV infection, or on existing cancer.

There are other cancer-causing types of HPV that are not prevented by these vaccines, but they are responsible for a minority of cervical cancer cases. Both vaccines are quite expensive (Gardasil costs about R900 a dose), and require a course of three doses. Both companies are trying to resolve pricing issues, to make the prices lower and therefore more affordable. Merck is donating 3 million doses of the vaccine (enough for 1 million people) to developing countries, but a lower selling price that is affordable to these countries is what is really needed.

Methods of detecting abnormal cells before cancer develops (pre-cancer) or to stop cervical cancer from progressing

Cervical cancer can be prevented when abnormalities begin to show themselves (in the 'pre-cancerous lesion' stage) and is among the most treatable of cancers if it is caught early. There are several methods for detecting cervical cancer:

Pap smear – This is the most commonly used method to prevent cervical cancer. It is a good method of detecting pre-cancer, but it requires specialized equipment and advanced technical skills that are not available in many locations, especially in poor and rural areas. It requires the insertion of a speculum (spoon like instrument) into the passage of the vagina, and collecting a sample of cervical mucus (the cells at the mouth of the womb). Samples must usually be sent to a large city to be analyzed in a specialized facility. This results in a delay, and requires the woman to return for results which often doesn't happen. If an abnormal result is found, the woman must be called back, examined and either treated or referred for treatment.

Visual inspection with acetic acid (VIA) – This is a very low-tech method, but is comparable in accuracy to the use of the pap smear in poor and rural areas. It requires the insertion of a speculum, looking

for obvious signs of abnormality or cancer, and then swabbing the cervix with acetic acid (vinegar) and looking for white patches, which are signs of pre-cancerous lesions or abnormal cells. If precancerous lesions or abnormal cells are found, the patient can be treated using a method called cryotherapy if available (this freezes the areas around of the cervix). If cancer is found, the woman will need to be referred for treatment.

VIA has not been widely used despite its appropriateness for low resource settings and the fact that it can pick up many abnormalities. Some health workers think that VIA is inferior to the pap smear, but the evidence does not show this. Also, because VIA does not require a woman to return for results, it allows for treatment on the same day. Making this simple technology more widely available should be seriously considered by health policy makers.

Colposcopy – this is close inspection of the cervix using a specialized piece of equipment. This is generally not available outside of a tertiary level healthcare facility.

Women living with HIV and cervical cancer, and screening of women living with HIV

There is evidence that HIV-positive women may get cancer of the cervix at a younger age, and that the illness may progress more quickly. This is why cancer of the cervix is sometimes seen as an illness related to AIDS in women living with HIV.

Any woman who is HIV-positive, regardless of the stage of the disease or whether on ARVs or not, should get a pap smear after the age of 20. **If an HIV-positive woman has a normal smear result, the smear should be repeated in 3 years. If there are low-grade abnormal cells (called LSIL), the women should return for a repeat smear after 6 months. If the woman still has LSIL after 6 months, she may be referred for some treatment. Any high-grade abnormalities (called HSIL) should be managed the same as for HIV-negative women (referral to a colposcopy clinic)**

Methods of treatment

When considering any intervention to detect (as opposed to prevent) disease, it is essential to consider how treatment will be provided for those in need. For late-stage or advanced cervical cancers, many women do not have access to treatment beyond palliative care. This kind of care is not a cure, but makes the patient feel less ill and more comfortable in her illness. This is something that health advocates will need to work to change over time as better equipment and a more skilled health workforce are developed.

Women who are examined using VIA and found to have signs of abnormal, pre-precancerous cells or early cancer can also be treated using cryotherapy. This is a technology that can be used by trained mid-level nurses in a primary health setting and should be made widely available. The ideal is to "screen and treat" all in one visit so as not to miss out on women who don't return for test results. (This ideal is not possible when relying on a pap smear.)