

## Cervical Cancer - Current Challenges

Efforts to prevent cervical cancer in the developed world have largely been successful, with cervical cancer rates showing a decline over time. The Great Britain age-standardised (European) incidence rate for cervical cancer has decreased by around 44% since 1975. In the UK the age-standardised (European) incidence rate for cervical cancer has decreased by 29% since 1993 [1].

This has been achieved largely through successful screening programs [2]. It is estimated that screening can prevent up to 75% of cervical cancer. The introduction of vaccination against the high risk human papilloma viruses may lead to a further decline in cervical cancer incidence.

Treatment for cervical cancer in the developed world is largely successful and with improving survival, efforts are being directed to minimising treatment-related morbidity and improving quality of life after treatment. Radical hysterectomy is now a relatively well tolerated procedure and minimally invasive and nerve-sparing techniques improve the safety profile even more (ref). Surgical staging (Hadwin ref) ensures that the treatment field for chemoradiation can be defined, with inclusion of the para-aortic area if these nodes are affected. In addition, as the peak age for cervical cancer is now in the third decade, and with the majority of these women desirous of fertility, fertility-sparing options should be considered where appropriate.

The contrast with the developing world is significant. One in ten female cancers diagnosed worldwide are cancers of the cervix and it is the most commonly diagnosed cancer among women in Southern Africa and Central America. There is a seven-fold variation in the incidence of cervical cancer between the different regions of the world [3]. The reality for women from less developed countries who develop cervical cancer is that the majority will die of their disease. Therefore all efforts to introduce low cost cervical screening to these countries should be applauded. Agrawal discusses the challenges associated with establishing a screening program.

Researchers in the developing world have called for cervical cancer to be given the same priority and funding as HIV malaria and TB and only then can there be an impact on this disease that causes a health, social and economic burden in these countries [4].

### REFERENCES

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