

JOINT POLICY STATEMENT

No. 144, March 2004

CERVICAL CANCER PREVENTION IN LOW-RESOURCE SETTINGS

A joint policy statement from the American College of Obstetricians and Gynecologists, the Society of Obstetricians and Gynaecologists of Canada, the Central American Federation of Associations and Societies of Obstetrics and Gynecology, the Gynaecologic Oncologists of Canada, the Society of Canadian Colposcopists, the Society of Gynecologic Oncologists, and the Royal College of Obstetricians and Gynaecologists.

Cervical cancer is the third most common cancer in the world and the leading cause of cancer death among women in developing countries.¹ Worldwide, an estimated 470 000 new cases occur and 233 000 women die annually from cervical cancer.^{2,3} Eighty percent of these deaths occur where resources are the most limited.⁴

Where organized, comprehensive detection, treatment, and referral programs have been implemented, the incidence and mortality of this cancer have decreased dramatically.⁵ However, implementing programs characteristic of industrialized countries — including testing, treatment, quality assurance, follow-up, and information system components on a widespread basis — requires considerable resources and a high level of program coordination. These programs are impractical and unaffordable in low-resource settings. Yet, women deserve access to services that can safely, effectively, and affordably prevent cervical cancer.

Given the recognized obstacles to implementing cytology-based screening and the limited range of treatment methods available in low-resource settings, other program options are needed. Such options must be feasible and sustainable, and the optimal strategy for a particular setting will necessarily vary given local resource constraints; disease prevalence; and capacity for training, supervision, and infrastructure.

One evidence-based approach designed to prevent cervical cancer in low-resource settings is the “single-visit approach.” This approach links a detection method with an immediate management option, such as an offer of treatment or referral, provided by appropriately trained and supervised personnel. There is growing evidence that a single-visit approach, incorporating visual inspection of the cervix with acetic acid wash (VIA), followed by an immediate offer of treatment with cryotherapy for eligible lesions, is a safe, acceptable, and cost-effective approach to cervical cancer prevention.⁶⁻⁹

The American College of Obstetricians and Gynecologists, the Society of Obstetricians and Gynaecologists of Canada, the Central American Federation of Associations and Societies of Obstetrics and Gynecology, the Gynaecologic Oncologists of Canada, the Society of Canadian Colposcopists, the Society of Gynecologic Oncologists, and the Royal College of Obstetricians and Gynaecologists recognize the value of VIA linked to immediate cryotherapy (or referral). It is a viable option for reducing over time the incidence of cervical cancer in settings where services are limited and where other approaches are considered impractical or too expensive.

The obstetric-gynaecologic organizations supporting this statement have an important role to play in increasing the capacity of obstetric-gynaecologic associations worldwide to include feasible and sustainable cervical cancer prevention programs as part of their national women’s health strategies. In turn, national societies of obstetrics and gynaecology have an important responsibility to educate both policy makers and the public about the importance of programs aimed at preventing cervical cancer in their countries.

Recognizing both the worldwide burden of this disease and the increasingly important role that women play in socio-economic development, funding agencies should be aware of the public health importance of cervical cancer. They should be prepared to help underwrite cost-effective, resource-appropriate interventions to prevent unnecessary deaths caused by this disease.

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