

## Cervical Cancer as a Public Health Problem

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### ABOUT THE STUDY

Cervical cancer is the fourth most common cancer among women in the Western world, with an estimated 570,000 new cases and 311,000 deaths worldwide in 2018. Now-a-days, nearly 90% of deaths occur in low and middle income countries. Cervical cancer is a disease that reflects inequalities between different population groups that depend on national immunization programs and the availability of population-based cervical cancer screening and access to quality treatment. Director General of the World Health Organization (WHO), in May 2018, initiated action to end cervical cancer as a public health problem. In January 2019, the WHO Executive Board advised the Director General, "In consultation with Member States and other relevant "draft a global strategy to accelerate the eradication of cervical cancer." This strategy will be discussed at the World Health Assembly in 2020.

"Elimination as a public health problem" is a term defined by measurable global goals and targets set by WHO for a specific disease. Even after suppression is achieved, control measures are still needed to achieve the goal. Indeed, to achieve cervical cancer elimination, countries must resume vaccination; screening and treatment programs once agreed elimination thresholds are reached. The current draft of the global strategy to eliminate cervical cancer as a public health problem to be submitted to member states the threshold below which cervical cancer should not be considered a public health problem is stated to be the age-adjusted incidence rate. Rate of <4 per 100,000 female years is expected to progress more slowly toward complete elimination. However, by implementing the strategic actions recommended in the draft global strategy to eliminate cervical cancer (vaccination, screening and treatment goals); these countries are on track to face invasive cervical cancer in the near future. It will make great strides in preventing cases of cancer and saving lives.

WHO established and led the Cervical Cancer Elimination Modeling Consortium (CCEMC) to study whether elimination can be achieved and what impact elimination strategies may have after 2030. The results show close agreement with the predictions of three independently developed mathematical models, highlighting the enormous benefits that can be achieved

if the WHO triple intervention strategy is successfully implemented.

Recent studies have focused on whether and by when it is possible to eliminate cervical cancer cases in low and middle-income countries according to different scenarios and different definitions of exclusion. The scenarios modeled were a girl HPV her vaccination, a 35-year-old woman's vaccination combined with screening, and a woman's lifetime combined vaccination with her two screens. The results predict that vaccination alone could reduce cervical cancer cases by 89% over the next 100 years and prevent her 60 million cases in low and middle income countries. However, in countries where the current incidence exceeds 25 per 100,000 women, the WHO-suggested cervical cancer exclusion threshold ( $\leq 4$  per 100,000 women) could be used to prevent disease with HPV vaccination alone could not be ruled out. For example, in sub Saharan Africa, exclusion is only possible in 27% of countries.

In one study, the authors examined the impact of all three components of WHO triple intervention strategy on cervical cancer mortality by modeling the effects of expanding cancer treatment, vaccination, and screening. By analysis of 2020, it is estimated that 13 out of 100,000 women in low- and middle-income countries will die from cervical cancer. By 2030, the triple intervention strategy could prevent about 300,000 deaths, reducing them by 34%. By 2070, 14.6 million deaths could have been prevented, reducing mortality by 92%. This compares to 62% reduction (4.8 million deaths) with vaccination alone.

### CONCLUSION

The results highlight the importance of taking immediate action to prevent cervical cancer through WHO triple intervention strategy. In just 10 years, it is possible to reduce deaths from cervical cancer by a third, and in the next century, it could save the lives of over 60 million women and support the United Nations sustainable development that we are aiming for 3.4 of the goal from non-communicable diseases by 2030. Achieving the eradication targets set in the global strategy outline presents several challenges. A public health approach, an integrated primary care system, and strong funding mechanisms are essential for future program sustainability. Also, to ensure

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adequate and affordable supply, regulatory bodies and procurement systems can be strengthened in each country to

work with industry, and supplies both vaccine and high-performance screening tests which are available.