

# Management of Cervical Precancers: A Global Perspective

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## KEYWORDS

- Cervical dysplasia • Cervical cancer • Screening
- Human papilloma virus

Cervical cancer is the third most common form of cancer among women worldwide,<sup>1</sup> yet it is one of the few cancers that can be detected and prevented at a precancerous stage. Most cervical cancer cases (85%) occur in the developing world, where they account for 13% of all female cancers.<sup>1</sup> Furthermore, cervical cancer rates in developing countries are on the rise. Breast cancer and cervical cancer combined are projected to equal maternal deaths as the leading causes of mortality among reproductive-aged women by 2025.<sup>2</sup> In contrast, in high-resource countries, effective screening for, and management of, precancers has precipitated a decline in the incidence and mortality due to cervical cancer over the past half-century.<sup>3</sup>

Cervical cancer in the developing world is a challenge of education, resources, and competing priorities. Screening for cervical cancer has historically been inadequate in lower-resource settings. In recent years, several developing nations have targeted cervical cancer with renewed focus, establishing new guidelines for prevention and management and directing resources toward increasing screening coverage (**Table 1**).<sup>4,5</sup> Prevention of cervical cancer in these settings has been complicated by sociocultural and infrastructural variables. Moreover, the biology of cervical cancer differs for developed versus developing settings, affected by the variable prevalence of high-risk human papillomavirus (HPV) subtypes and by the AIDS pandemic. Programs for cervical cancer prevention and management in developing nations must account for these variables while weighing financial and opportunity costs. This article reviews the current status for prevention and management of cervical precancers in health systems around the world.

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| <b>Country/Organization</b>  | <b>Age Range</b>   | <b>Interval</b>   | <b>Primary Screening Modality</b>                           |
|--|--|-------------------|---|
| American College of Obstetricians and Gynecologists <sup>39</sup>                    | ≥21 y  | Every 2–3 y       | Cytologic examination, optional HPV cotesting at >30 y      |
| European Guidelines for Quality Assurance in Cervical Cancer Screening <sup>35</sup> | Beginning between ages 20 and 30 y until 60 y  | Every 3–5 y       | Cytologic examination                                       |
| World Health Organization (WHO) Guidelines for Developing Countries <sup>19</sup>    | 25–49 y, 3-y interval if not resource-limited >30 y, at least 1–3 times lifetime if resource limited |                   | Cytologic examination, other modalities are also acceptable |
| South Africa (Department of Health) <sup>75</sup>                                    | ≥30 y  | 3 tests, lifetime | Cytologic examination                                       |
| India (Government of India/WHO collaboration) <sup>76</sup>                          | 30–59 y  | Every 5 y         | VIA   |
| Peru <sup>72,74</sup>  | 25–59 y  | Every 2 y         | Cytologic examination or VIA                                |
| Thailand <sup>72</sup>   | 35–54 y  | Every 5 y         | Cytologic examination nationally, VIA regionally            |

## EPIDEMIOLOGY OF CERVICAL CANCER

Cervical cancer is the third most common cancer and the fourth leading cause of cancer-related deaths among women worldwide, with an estimated 530,232 cases diagnosed and 275,008 fatalities worldwide in 2008.<sup>1</sup> Cancer rates, however, vary dramatically by whether or not a country has an adequate screening program. In the United States, the disease accounted for only 1.6% of cancer cases and 1.4% of cancer mortality among women in 2008.<sup>1</sup> The incidence rate of cervical cancer in developed nations has decreased steadily over the last half-century.<sup>3</sup> This decline in incidence of cervical cancer is largely the result of improved cervical cytology services and coverage over the period.

In the United States, cervical cancer disproportionately affects racial minorities and women of lower socioeconomic standing. Invasive cervical cancer is more common among black and Hispanic women than among white women. Moreover, survival of the disease is less probable for black women than for white women.<sup>3</sup> Cervical cancer incidence and mortality increase with decreased socioeconomic status among all racial groups.<sup>6</sup>

Internationally, the burden of cervical cancer falls most heavily on developing nations. About 85% of the cases and 88% of the deaths due to cervical cancer occur in developing nations.<sup>1</sup> Women in developing nations are at a 35% greater lifetime risk of cervical cancer than women in high-income countries.<sup>2</sup> Although cervical cancer is most common in women older than 50 years, in developing nations, cervical cancer is becoming increasingly prevalent among women during their reproductive years (ages,

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