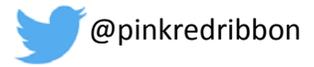




pink ribbon | red ribbon
A Global Partnership Fighting Women's Cancers

FACT SHEET: CERVICAL CANCER IN LOW-RESOURCE SETTINGS

www.pinkribbonredribbon.org



HPV and Cervical Cancer

Cervical cancer is a highly preventable, yet very common type of cancer characterized by abnormal growth in the cells lining the cervix, located at the base of the uterus.



Virtually all cases of cervical cancer are caused by Human papillomavirus (HPV) infection.

HPV is the most common viral infection of the reproductive tract and will infect most sexually active men and women in their lifetime.

Prevention

HPV infection, and thus cervical cancer, can be prevented through vaccination. HPV vaccines are highly effective, and can prevent up to 90% of cervical cancers.

The World Health Organization's (WHO) primary target group for vaccination is girls ages 9 – 13.

As with other sexually transmitted diseases, risk of contracting HPV can be reduced through safe sex practices (i.e. correct and consistent condom use).

The WHO recommends screening women age 30-49 for cervical cancer, and treating detected precancerous lesions as a prevention tool.

WOMEN WITH HIV ARE AT LEAST
5 TIMES
MORE LIKELY TO DEVELOP
CERVICAL CANCER THAN THEIR
HIV-NEGATIVE PEERS

Cervical cancer begins when normal cells develop pre-cancerous changes caused by HPV, which do not clear, and that may lead to invasive cancer.

Researchers estimate that for people whose HPV infections do not clear, it can take 10 to 15 years for cancer to develop post-infection.

528,000 | 266,000
NEW CASES | DEATHS
EACH YEAR

Diagnosis and Treatment

Common tools for cervical cancer screening and diagnosis include the Pap test, HPV testing, digital cervicography (e.g. MobileODT, Gynocular), visual inspection with acetic acid (vinegar; this is known as VIA), colposcopy and biopsy.

Cervical precancer may be treated using ablative therapy, the Loop Electrosurgical Excision Procedure (LEEP), cone biopsy, or hysterectomy.

Direct medical costs of screening and treatment of cervical precancer can amount to less than \$25 per case in low-resource settings. Cervical cancer could be **eliminated** in 30 years with HPV vaccine plus "screen and treat".

Unlike many other cancers, cervical cancer is **largely preventable** because of HPV vaccine availability, the slow development of the disease, and the ease of the single-visit "Screen-and-Treat" approach of VIA and cryotherapy treatment of precancers.

Burden of Disease & Mortality

Cervical cancer is a leading cancer among women in less-developed regions, second only to breast cancer overall.

In 2013 alone there were nearly half a million new cases of cervical cancer and close to a quarter million deaths worldwide.

Estimated Worldwide Incidence, Mortality & Prevalence (2012)

Estimates	Cases	Deaths	5-Year Prevalence
World	528,000	266,000	1,547,000
Less developed regions	445,000	230,000	1,258,000
WHO Africa Region	92,000	57,000	236,000

Adapted from the International Agency for Research on Cancer GLOBOCAN (2012)

87%
OF CERVICAL CANCER DEATHS OCCUR IN
LOW-RESOURCE SETTINGS

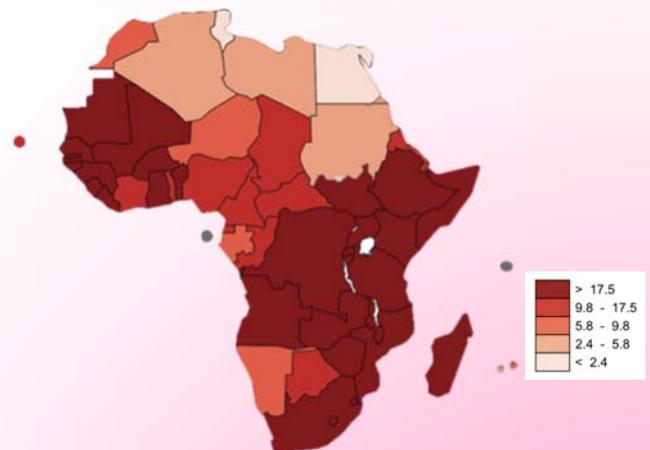
By 2030 cervical cancer is expected to claim nearly half a million lives per year, with over 95% of deaths concentrated in low- and middle-income countries.

Cervical Cancer in Sub-Saharan Africa

Cervical cancer is the leading cancer and most common cause of cancer death among Sub-Saharan African women.

Age-standardized annual cervical cancer incidence (34.8 cases per 100,000 women) and mortality (about 22.5 deaths per 100,000 cases) in the region are the highest rates in the world.

Estimated Age-Standardized Mortality Rates (per 100,000)



Data Source: IARC GLOBOCAN 2012
Map Production: IARC WHO

MANY CERVICAL CANCERS IN SUB-SAHARAN AFRICA ARE NOT DETECTED UNTIL THEY ARE **ADVANCED STAGE** DUE TO LACK OF SCREENING AND TREATMENT PROGRAMS

IN 2015 THERE WERE OVER **100,000 CASES AND 61,000 DEATHS** DUE TO CERVICAL CANCER IN SUB-SAHARAN AFRICA