Cervical Cancer Situation in Latin America and the Caribbean and PAHO/WHO Recommendations for the Way Forward

Silvana Luciani
Advisor, chronic disease prevention and control project
Pan American Health Organization/World Health Organization
PRESENTATION OVERVIEW

• Burden of cervical cancer in Latin America and the Caribbean (LAC)

• Programmatic response to cervical cancer

• PAHO/WHO strategy for comprehensive cervical cancer prevention and control
HIGHLIGHTS OF LAC REGION

POPULATION (thousands)
N.Am: 347,500
LAC: 588,500

INFANT MORTALITY RATE (1,000)
N.Am: 6.5
LAC: 18.7

GROSS NATIONAL INCOME
N.Am: $46,000
LAC: $7,000

MATERNAL MORTALITY RATIO (100,000)
N.Am: 12
LAC: 74

CANCER MORTALITY RATE (100,000 population)
N.Am: 186
LAC: 94

Source: PAHO Health Situation in the Americas, Basic Indicators, 2011
CERVICAL CANCER IN THE AMERICAS

NORTH AMERICA:
12,300 new cases per year
4,500 deaths per year

Latin America and the Caribbean:
68,000 new cases per year
31,400 deaths per year

Source: Globocan 2008
HPV PREVALENCE IN THE AMERICAS

HPV PREVALENCE (%) AMONG WOMEN WITH NORMAL CYTOLOGY

Source: ICO/WHO- Summary Report for the Américas, 2009
CERVICAL CANCER INCIDENCE AND MORTALITY BY AGE IN LAC

Women are in the prime of their lives when affected by cervical cancer.

Source: Globocan 2008
COMPREHENSIVE CERVICAL CANCER PROGRAMS

COMMUNITY

PRIMARY HEALTH CARE

SECONDARY HEALTH CARE

TERCIARY HEALTH CARE

PRIMARY PREVENTION

SCREENING & EARLY DETECTION

DIAGNOSIS, TREATMENT & PALLIATIVE CARE

- Health education
- Counselling
- HPV vaccination

- Screening of women at risk: Pap or HPV or VIA
- Screen and treat
- Cytology Labs

- Colposcopy/biopsy
- Pathology labs
- Cryotherapy/LEEP
- Surgery, radiotherapy, chemotherapy
- Palliative care

ORGANIZED PROGRAM
coverage/quality/follow up
CERVICAL CANCER MORTALITY IN CHILE
1987-2003

Source: Suarez, E. Cervical Cancer: the Chilean perspective, 2007
TRENDS IN CERVICAL CANCER MORTALITY IN SELECTED LATIN AMERICAN COUNTRIES

source: PAHO Mortality Database, 2012
BARRIERS TO EFFECTIVE PROGRAMS IN LAC

- program organization
- limitations with cytology
- socio-cultural barriers
OPPORTUNITIES TO IMPROVE PROGRAMS

• HPV VACCINES

• NEW SCREENING TESTS
  HPV DNA Tests, VIA

• SCREEN & TREAT APPROACH
  VIA followed by cryotherapy treatment
Routine HPV vaccine should be included in national immunization programs, if:

- cervical cancer prevention is a priority;
- it is feasible and has sustainable financing
- priority: girls aged 9-13 years
- catch up: adolescent and young women (14-26)

Screening guideline:
- 30 years+
- every 3 years
- cytology
- other tests (VIA, HPV, VILI) in pilot projects
- cryotherapy treatment effective
1. Conduct a situation assessment
2. Intensify information, education and counseling
3. Fortify screening and pre-cancer treatment
4. Establish or strengthen information systems and cancer registries
5. Improve access and quality of cancer treatment and of palliative care
6. Generate evidence for decision making on HPV vaccine introduction
7. Advocate for equitable access and affordable comprehensive cervical cancer prevention
CERVICAL CANCER PROGRAMS IN LAC

HPV vaccines in national programs
- Mexico (2008)
- Panama (2008)
- Peru (2011)
- Argentina (2011)
- Colombia (2012)

- Cytology testing
- Visual inspection screening + cytology
- HPV DNA testing
- Visual inspection screening only

[Map showing countries and their cervical cancer programs]

[Logo of Pan American Health Organization]
CONCLUSIONS

1. Evidence and tools are available to improve impact of cervical cancer programs in LAC.

2. Intensified efforts are needed to:
   • organize programs;
   • introduce HPV vaccines;
   • improve screening and treatment.