Evidence from Asia

Letters
Bangladesh: Bangladesh Cancer Society ................................................................. 65
India: Ankur Institute of Child Health ........................................................................ 67
India: Cancer Institute ............................................................................................ 68
India: Gujarat Cancer & Research Institute ............................................................ 70
India: Ministry of Science and Technology .............................................................. 71
India: India Medical Association, Andhra Pradesh ................................................ 72
India: India Medical Association, Gujarat ............................................................... 73
India: Indian Academy of Pediatrics Committee On Immunization ...................... 74
India: Institute of Cytology and Preventive Oncology ............................................. 75
India: Parliamentarian Shabana Azmi ..................................................................... 76
India: TATA Memorial Centre ................................................................................. 77
India: Dr. Pankaj D. Desai ...................................................................................... 78
Indonesia: Indonesian Cancer Foundation .............................................................. 79
Korea: Korean Society of Obstetrics and Gynecology ............................................. 80
Malaysia: Breast Cancer Welfare Association ...................................................... 81
Pakistan: Shaukat Khanum Memorial Cancer Hospital & Research Centre .......... 82
Taiwan: Hope Society for Cancer Care ................................................................. 83
Thailand: The Royal Thai College of Obstetricians and Gynaecologists ................ 84
Thailand: Thai Gynecologic Cancer Society .......................................................... 85
Vietnam: Ho Chi Minh Oncology Hospital ............................................................. 86
Vietnam: Ministry of Health, Maternal and Child Health ....................................... 87
Vietnam: National Cancer Hospital ....................................................................... 88

Articles
Fiji: Fiji Broadcasting Corporation ........................................................................ 89
India: The Hindu ...................................................................................................... 90
India: The Hindu ...................................................................................................... 93
India: Chetna News ................................................................................................ 94
Malaysia: The Star ................................................................................................ 95
Micronesia: Fijilive ................................................................................................. 98
Nepal: The Rising Nepal ......................................................................................... 99
Vietnam: Viet Nam News ...................................................................................... 100
Vietnam: Viet Nam News ...................................................................................... 101
Cervical Cancer Control Program of Bangladesh Cancer Society

1. Professor Dr. Latifa Shamsuddin
2. Professor Dr. M. A. Majed
3. Professor Dr. Md. Abdul Hai

Cervical cancer is the most common cancer in women worldwide and the leading cause of death from cancer among women in the developing countries of the world. The most recent data indicate that an estimated 466,000 new cases of cervical cancer occur every year, with 200,000 to 300,000 dying from the disease annually. About eighty percent of these deaths are occurring in developing countries. In central and south America, parts of India and sub-Saharan Africa, the incidence rate is between 2 and 5 times as high as in Western Europe (Parkin, 1992). In developed nations, with effective screening programmes, around 80 percent of cervical cancer cases detected are cured. In contrast, it is estimated that 80 percent of cervical cancer cases detected in developing country women are incurable since the disease is already greatly advanced by the time it is diagnosed.

In Bangladesh 200,000 new cases of cancer occur every year and among them 25,000 are cervical cancer cases. Cervical cancer constitutes about 22-29% of the genital tract cancer in different areas of the country. Data reveals that it is the most common cancer in female, followed by breast cancer (16%). Among men lung cancer (27%) and oral cavity cancer (12%) are the common sites. The diagnosed cases are managed mostly in few institutes and tertiary level hospitals either by surgery, radiotherapy, chemotherapy or combined therapy.

An important reason for the sharply higher cervical cancer incidence in developing countries is the lack of effective screening programs aimed at detecting and treating precancerous conditions. Compared with women in developed countries, very few women in developing countries have access to screening for precancerous lesions.

Cervical cancer progresses slowly from pre-invasive cervical intraepithelial neoplasia (CIN) to invasive cervical cancer (ICC). It takes at least ten to twenty years for this progress to invasive state. In Bangladesh, so far the prevalence of cervical cancer and CIN has not been established from any population based study. However, data from the hospital statistics indicate that cervical cancer is a major health problem among the Bangladeshi women and constitutes about 22-29% of the genital tract cancer. It constitutes 1/4th of female cancer.

We have prepared a small booklet in our own simple language so that the people can understand the problem easily. This book will help the field workers of health profession to create awareness among our people. It is important to develop awareness about cancer cervix among the population and to make the people understand about the signs/symptoms of the disease. This book will help them to have a clear idea about the prevention of the disease and to receive treatment in early stage of the disease.

Cervical Cancer screening programme

An important reason for higher cervical cancer prevalence in developing countries is the lack of awareness, public education and effective screening programmes aimed at prevention, detection and treatment of precancerous conditions.

For a developing country like Bangladesh where cytological screening is not possible in near future, an approach like visual inspection of cervix with application 4%-5% of acetic acid (VIA) is more appropriate. This is a clinical approach for early detection of this disease. By this method the disease can be detected in precancerous condition and less advanced stage. This can be taken as a pilot project for a country like ours. In this method Field level female Volunteers from the community can be trained for a minimum period of two weeks and they will be able to identify any abnormality including suspicious cervical lesions and refer the cases early to centers where facilities exist for proper diagnosis and treatment to pre-malignant and malignant lesions.

Bangladesh Cancer Society is running cancer awareness program since 1975. Awareness is being created among the people regarding the risk factors, symptoms of the disease and prophylaxis/prevention.
Society has established a VIA training and service center in its own premises. Community female volunteers are being trained here on VIA. In this regard a curriculum and booklets & leaflets have been prepared. Volunteers will organize camp in the community for VIA in different areas of the Country they will refer the VIA positive cases to Bangladesh Cancer Hospital & Welfare Home. Bangladesh Cancer Hospital & Welfare Home for further management.

Other necessary steps need to be taken:

1. Mobile transportation - Mobile transportation for the programme is necessary.
2. Equipped lith/gynecological exam table, light, camera and monitor.
3. Follow-up to prevent drop out, financial support needed for poor patient.
4. Central pathological laboratory may be developed in Bangladesh Cancer Society
5. A modern Calposcape with its axillary aids, Specially teaching aids.
6. Cervical cancer control center of Bangladesh Cancer Society will co-ordinate the Cervical cancer screening program.

Prof. Dr. Latifa Shamsuddin
MBBS, FCPS(BD), FCPS(Pak), FICS(USA)
Head, Cervical Cancer Control Programme &
Central Executive Committee Member, Bangladesh Cancer Society.
Chairman & Head of the Dept. of Gynaecology & Obstetrics (Retd.)
BSMMU (P. G Hospital) Dhaka.

Prof. Dr. M. A. Majed
MBBS (Dhaka), DLO(London), FRCS (England), FCPS(BD), FCPS(Pak)
President, Bangladesh Cancer Society
Formerly- Professor & Principal, Dhaka Medical College
Din of Faculty of Medicine, Dhaka University
President, Bangladesh Medical Associatiob
Regional Vice – President (South Asia), IPPNW
President, ENT Society

Prof. Dr. Md. Abdul Hai
MBBS, DMRT, FCPS
Director- Bangladesh Cancer Hospital & Welfare Home &
Central Executive Committee Member- Bangladesh Cancer Society
Head, Cancer Center, Khwaja Yunus Ali Medical College Hospital
Member, European Society for Medical Oncology (ESMO)
Member, American Society of Clinical Oncology (ASCO)
Former Director cum Professor of Radiation Oncology
National Institute of Cancer & Research Hospital
Former Director, Ahsania Mission Cancer Hospital
India: Ankur Institute of Child Health

To Cervical Cancer Action:

The burden of cervical cancer is high in India. We know that many women still suffer alone, far from any help of our health system. Screening program is at a very small scale, not reaching the majority of the needy population.

The pain and suffering caused by cervical cancer hits the developing world and countries of Indian subcontinent particularly hard. As you may know, 85 percent of cervical cancer deaths occur in the developing world, in large part because screening programs do not reach many women in time. HPV vaccination along with improved screening and treatment will be important elements of programs to reduce cervical cancer incidence and mortality.

We understand that Cervical Cancer Action is gathering evidence of global and country-level support for improved cervical cancer prevention. This letter indicates our strong support for comprehensive programs to protect girls and older women from this terrible disease.

We share your commitment that access to new technologies should follow disease not wealth. It is crucial that the costs of HPV vaccine and new screening technologies be reduced, and access increased as quickly as possible. We stand ready to work in partnership with the global community to make these new tools available appropriately and effectively to the girls and women who need them most. In our opinion, cervical cancer is something we can and should do something about.

Dr. Raju C. Shah
22.4.09
We understand the UICC is gathering evidence for improved cervical cancer prevention. By means of this letter, we would like to show our commitment to the global effort to eliminate cervical cancer worldwide and provide those who need it most with affordable and effective prevention strategies.

Cervical cancer is the most common cancer among Indian women and the second largest cause of death from cancer in women worldwide. For women in developing countries, it is the biggest cancer killer. Virtually all cervical cancer is caused by infection with human papilloma virus (HPV), the most common viral infection of the reproductive tract.

In industrialized countries, expanded screening and treatment have dramatically reduced cervical cancer rates over the last 60 years. But in developing countries, where the vast majority of women never have a pap smear, the incidence and death rates from cervical cancer continues to rise.

Recognizing the potential of the new HPV vaccines to prevent cervical cancer, The World Cancer Declaration calls for HPV vaccination programmes in low and middle-income countries where the burden of cervical cancer is high and calls for specific actions to reduce costs and provide public and professional education, public policy and research.
We recognize that vaccination programmes need to be based on what is affordable, feasible, and culturally acceptable in our country and that vaccination is not a substitute for screening.

Cervical cancer is preventable and we are now in an unprecedented position where new technology provides us with the means to make a difference. HPV vaccines given to young girls now can prevent future infections and save numbers of lives for decades to come. Furthermore, improved screening methods could make efficient screening a reality, even in the most remote settings.

We share your commitment to work with governments and other sectors to make cervical cancer prevention work.

Yours sincerely,

(Dr. T. Rajkumar)
Director & Scientific Director
Cancer Institute (WIA), Chennai
India.
India: Gujarat Cancer & Research Institute

To,
The International Union Against Cancer

We understand the UIACC is gathering evidence for improved cervical cancer prevention. By means of this letter, we would like to show our commitment to the global effort to eliminate cervical cancer worldwide and provide those who need it most with affordable and effective prevention strategies.

Cervical Cancer is an important women’s health problem, especially in developing countries, where an estimated 1,90,000 women die from the disease each year. It is the third most common cancer worldwide and the leading cause of death from cancer among women in developing countries. At least 466,000 new cases are identified each year; roughly 80% are in developing countries.

The Gujarat Cancer and Research Institute (GCRI) encompasses three concepts that are essential to fight against cancer viz Cancer Awareness, Prevention and Control strategies.

In order to reduce cervical cancer morbidity and mortality GCRI strives to:

1. Increase awareness to cervical cancer and preventive health seeking behaviors among high-risk women through regular mobile exhibitions and detection camps.
2. Community Health Education which is vital in preventing HPV infection and subsequent cervical cancer.
3. We have also seen an incredible increase in the number of people who are screened for cancer through cancer detection camps organized by the institution.

GCRI is also working on a project, “Detection of High and Low risk Human Papilloma Virus (HPV) subtypes prevalent in cancerous and non-cancerous lesions of the uterine cervix in Indian Women”. The aim of the study is to detect the HPV subtypes in clinically diagnosed cervical lesions by using Multiplex PCR.

We share our commitment to work with government, non-government and other institutes working for cancer control to make cervical cancer prevention work.

Dr. Pankaj M Shah
Hon. Director
Gujarat Cancer & Research Institute
Ahmedabad, India.
We understand that Cervical Cancer Action is gathering evidence of global and country-level support for improved cervical cancer prevention. This letter indicates our strong support for comprehensive programs to protect girls and older women from this terrible disease. In our opinion, cervical cancer is something we can and should do something about.

The pain and suffering caused by cervical cancer hits the developing world particularly hard. As you may know, 85 percent of cervical cancer deaths occur in the developing world, in large part because screening programs do not reach many women in time. Improved screening and treatment, along with future vaccination, will be important elements of programs to reduce cervical cancer mortality.

We share your commitment that access to new technologies should follow disease not wealth. It is crucial that the costs of HPV vaccine and new screening technologies be reduced, and access increased, as quickly as possible. We stand ready to work in partnership with the global community to make these new tools available appropriately and effectively to the girls and women who need them most.

With best regards,

Yours sincerely,

( M.K. Bhan )

Cervical Cancer Action
C/o American Cancer Society
588 Broadway, Suite 304
New York 10012
To Whom it may concern

We understand that Cervical Cancer Action is gathering evidence of global and country level support for improved cervical cancer prevention. This letter indicates our strong support for comprehensive programmes to protect girls and older women from this terrible disease. In our opinion, cervical cancer is something we can and should do something about.

The pain and suffering caused by cervical cancer hits the developing world particularly hard. As you may know, 85 percent of cervical cancer deaths occur in the developing world in large part because screening programs do not reach many women in time. Improved screening and treatment along with future vaccination, will be important elements of programs to reduce cervical cancer mortality.

We share your commitment that access to new technologies should follow disease not wealth. It is crucial that the costs of HPV vaccine and new screening technologies be reduced, and access increased, as quickly as possible. We stand ready to work in partnership with the global community to make these new tools available appropriately and effectively to the girls and women who need them most.

(DR. BANDELA MOHAN RAO)
HONY. GENERAL SECRETARY
IMA A.P. STATE

All Communications to State Office, should be addressed to Hony. General Secretary, IMA A.P. State Branch, 101, IMA Building, Basimia Bazar, Hyderabad-500 027

Dated: 30-4-2008
INDIAN MEDICAL ASSOCIATION
GUJARAT STATE BRANCH
Fax/Phone: (079) 2658 73 70 • E-mail: imagesb@you.te.com

To whom it may concern

We understand that Cervical Cancer Action is gathering evidence of global and country-level support for improved cervical cancer prevention. This letter indicates our strong support for comprehensive programs to protect girls and older women from this terrible disease. In our opinion, cervical cancer is something we can and should do something about.

The pain and suffering caused by cervical cancer hits the developing world [or Asia, or Africa, or your country name] particularly hard. As you may know, 85 percent of cervical cancer deaths occur in the developing world, in large part because screening programs do not reach many women in time. Improved screening and treatment, along with future vaccination, will be important elements of programs to reduce cervical cancer mortality.

We share your commitment that access to new technologies should follow disease not wealth. It is crucial that the costs of HPV vaccine and new screening technologies be reduced, and access increased, as quickly as possible. We stand ready to work in partnership with the global community to make these new tools available appropriately and effectively to the girls and women who need them most.

(Dr. Bipin M. Patel)
Hon State Secretary
Consensus Recommendations on Immunization, 2008

**India: Indian Academy of Pediatrics Committee On Immunization (IAPCOI)**

Correspondence to: Dr Tanu Singhal, Consultant Pediatrician, Kokilaben Dhirubhai Ambani Hospital and Medical Research Institute, Four Bungalows, Andheri (W), Mumbai 400 053, India. Email: tanusinghal@yahoo.com

**ABSTRACT**

Justification: There is a need to formulate recommendations regarding use of new vaccines which have become recently available/ will soon be available and to review/revise recommendations about existing vaccines in light of recent information. **Process:** Following an IAPCOI meeting in March 2008, a draft statement was prepared and circulated among the meeting participants to arrive at a consensus. **Objectives:** To formulate recommendations pertaining to use of Tdap, human papilloma virus (HPV) vaccines and rotavirus vaccines and to revise recommendations pertaining to use of pneumococcal and inactivated poliovirus vaccines (IPV). These recommendations are primarily for pediatricians in office practice. **Recommendations:** IAPCOI recommends (i) offering Tdap vaccine instead of Td/TT vaccine to all children/adolescents who can afford to use the vaccine at the age of 10-12 yrs; (ii) offering HPV vaccine to all females who can afford the vaccine at the age of 10-12 years; (iii) offering both seven valent pneumococcal conjugate vaccine (PCV 7) and 23 valent pneumococcal polysaccharide vaccine (PPV 23) in all high risk children who can afford the vaccine; (iv) offering IPV in addition to oral poliovirus vaccine (OPV) in all children who can afford the vaccine at the age of 6, 10, 14 weeks and a booster at 15-18 months; (v) the use of oral rotavirus vaccines after one-to-one discussion with parents beginning age 6 weeks; and (vi) the use of PCV 7 in healthy children aged below 2 years after one-to-one discussion with parents at the age of 6, 10, 14 weeks and booster at 15-18 months.

**Key words:** India, Indian Academy of Pediatrics, Committee on Immunization, Recommendations.

**I. INTRODUCTION**

The IAPCOI met on 22nd and 23rd March 2008 in Mumbai. IAPCOI members and expert invitees who attended the meeting are listed in Annexure 1. The aim of the meeting was to discuss recommendations for vaccines, which have recently become available/ will soon be available and to revise recommendations about existing vaccines in light of recent information. This document presents the consensus recommendations, which arrived out of that meeting.

**Process for Issuing Recommendations**

This process involves an exhaustive review of published literature including standard text books, vaccine trials, recommendations of various countries, World Health Organization (WHO) position papers, literature from the vaccine industry, post-marketing surveillance reports, cost-effective analysis, epidemiology of disease in India and if available Indian studies on vaccine efficacy, immunogenicity and safety. If knowledge gaps are present then expert opinion is sought to fill the gaps. The existing national immunization schedule and government policies are also considered. The recommendations of IAPCOI are primarily for pediatricians in office practice. In addition, IAPCOI also submits its position on incorporation of various new vaccines in the national immunization schedule.

**Categorization of New Vaccines**

The IAPCOI has categorized vaccines into four categories (1).

1. Vaccines covered under Expanded Program on Immunization (EPI).
ICPO/Director/2008                                                                 Date: 6th May, 2008

To
Cervical Cancer Action
C/o American Cancer Society
588 Broadway, Suite 504
New York, NY 10012

Cancer of the uterine cervix is a major cancer and a leading cause of cancer deaths among Indian women in India and other developing countries. More than 85 percent of cervical cancer deaths occur in the developing world, mainly because of lack of organized screening programs. The greatest burden of the disease is in developing countries. There are many improved screening and treatment approaches, along with future vaccination, will be important elements of programs to reduce cervical cancer mortality in this region of the globe.

It is crucial that the costs of HPV vaccines and new screening technologies be reduced to make them accessible to resource poor nations, as quickly as possible. We stand ready to work in partnership with the global community to make these new tools available appropriately and effectively to women community and girls who need them most.

We extend our hope that the WHO, the GAVI Alliance, and UNICEF, other organizations who care for women’s and children’s health will also do their part to help us in this regards.

We hope to share with you in matching the opportunity of health-care technology with our collective vision and leadership.

Warm regards,

Bhudev C. Das

*****************************************************************************************
Dr. Bhudev C. Das, PhD, FNASc, FASc, FAMS, FNA
Director,
Institute of Cytology and Preventive Oncology (ICMR),
(Ministry of Health & Family Welfare, Govt of India)
I-7, Sector - 39,
Noida - 201 301
INDIA
Dear Colleagues,

The burden of cervical cancer is high in our country – cancer wards are full, yet we know that many women still suffer alone, far from any help our health system can offer. When these women pass away, the loss is community-wide. Although our country has been committed to end this disease for some time, we have not had the appropriate tools, until now.

Today, vaccines for girls, and new and improved screening and treatment for all women, provide the opportunity to realize our commitment. News stories about the new vaccines have spurred widespread interest in cervical cancer in our country – health providers, the media, NGOs and others are all talking about it. We see potential for new partnerships between sectors (health and education) and NGOs (women health, cancer, youth, HIV) focusing on this issue.

We are not naïve about the challenges of improving vaccination and screening in our country, but we share your commitment to find new ways to make this vaccine work for the girls and women of our country. We extend our hope that the WHO, the GAVI Alliance, and others also will do their part so that these vaccines and screening technologies can become accessible in our country as quickly as possible.

We hope to share with you in matching the opportunity of technology with our collective vision and leadership.

Best regards,

Shabana Azmi
India: TATA Memorial Centre

TATA MEMORIAL CENTRE
TATA MEMORIAL HOSPITAL
AND
ADVANCED CENTRE FOR TREATMENT, RESEARCH & EDUCATION IN CANCER

Dr. Ketanji A. Dinshaw
DRT (Loc.), FRGR (Loc.)
Director, Tata Memorial Centre
and
Professor, Dept. of Radiation Oncology

E. Borges Mag, Parel,
Mumbai - 400 012, India.
Phone : 2413 9378/2417 7000
Fax : 91-22-2416 6440/2414 6937
E-Mail : dinshaw.mc@vsnl.com
Website : www.tatamemorialcentre.com

May 23, 2008

To the International Union Against Cancer (UICC),

We understand the UICC is gathering evidence for improved cervical cancer prevention. By means of this letter, we would like to show our commitment to the global effort to eliminate cervical cancer worldwide and provide those who need it most with affordable and effective prevention strategies.

Cervical cancer is the second largest cause of death from cancer in women worldwide. For women in developing countries, it is the biggest cancer killer. Virtually all cancer is caused by infection with human papilloma virus (HPV), the most common viral infection of the reproductive tract.

In industrialized countries, expanded screening and treatment have dramatically reduced cervical cancer rates over the last 50 years. But in developing countries, where the vast majority of women never have a pap smear, the incidence and death rates from cervical cancer continues to rise.

Recognizing the potential of the new HPV vaccines to prevent cervical cancer, The World Cancer Declaration calls for HPV vaccination programmes in low and middle-income countries where the burden of cervical cancer is high and calls for specific actions to reduce costs and provide public and professional education, public policy and research.

We recognize that vaccination programmes need to be based on what is affordable, feasible, and culturally acceptable in our country and that vaccination is not a substitute for screening.

Cervical cancer is preventable and we are now in an unprecedented position where new technology provides us with the means to make a difference. HPV vaccines given to young girls now can prevent future infections and save numbers of lives for decades to come. Furthermore, improved screening methods could make efficient screening a reality, even in the most remote settings.

We share your commitment to work with governments and other sectors to make cervical cancer prevention work.

K.A. Dinshaw.
Tuesday, April 15, 2008

Dr. Sanjay Gandhi,
Program Manager
PATH, 351, Scituate Corporate Park
151, M Vasani Road, Chakala
Andheri (East),
Mumbai-400093

Dear Dr. Sanjay Gandhi,

Namaste!

I have been following the developments related to HPV vaccine and aspects surrounding it with great interest. In a country where cancer-cervix is the second largest killer of women, the promise of HPV vaccine is bound to evoke interest and hope. As the head of the federation of 25000 strong Gynecologists Federation, I stressed the need for a careful and properly piloted social marketing of HPV vaccine in India. I am looking forward to seeing the advantages HPV vaccine passed down to Gen-next of Indian women with ill effects if at all any properly taken care of.

God bless you,

In prayer,

DR. Pankaj Desai
Indonesia: Indonesian Cancer Foundation

YAYASAN KANKER INDONESIA
PENGURUS PUSAT

Jakarta, 29 May 2008

No. : 333/KU/YKI/V/2008
Re. : Letter in Support of UICC Dossier

Cervical Cancer Initiative,
International Union Against Cancer (UICC)
62 route de Fréterex, 1207 Geneva, Switzerland
E-mail: cervicalcancer@uicc.org

To the International Union Against Cancer (UICC),

We understand the UICC is gathering evidence for improved cervical cancer prevention. By means of this letter, we would like to show our commitment to the global effort to eliminate cervical cancer worldwide and provide those who need it most with affordable and effective prevention strategies.

Cervical cancer is the second largest cause of death from cancer in women worldwide. For women in developing countries, it is the biggest cancer killer. Virtually all cervical cancer is caused by infection with human papilloma virus (HPV), the most common viral infection of the reproductive tract.

In industrialized countries, expanded screening and treatment have dramatically reduced cervical cancer rates over the last 50 years. But in developing countries, where the vast majority of women never have a pap smear, the incidence and death rates from cervical cancer continues to rise.

Recognizing the potential of the new HPV vaccines to prevent cervical cancer, The World Cancer Declaration calls for HPV vaccination programmes in low and middle-income countries where the burden of cervical cancer is high and calls for specific actions to reduce costs and provide public and professional education, public policy and research.

We recognize that vaccination programmes need to be based on what is affordable, feasible, and culturally acceptable in our country and that vaccination is not a substitute for screening.

Cervical cancer is preventable and we are now in an unprecedented position where new technology provides us with the means to make a difference. HPV vaccines given to young girls now can prevent future infections and save numbers of lives for decades to come. Furthermore, improved screening methods could make efficient screening a reality, even in the most remote settings.

We share your commitment to work with governments and other sectors to make cervical cancer prevention work.

Mrs. Adiati Arfijn M. Sisingat
President of the Indonesian Cancer Foundation
Korean Society of Obstetrics and Gynecology
55-5 Nonhyun-dong, 4F Floor Gangnam-gu
Seoul 135-010, Korea
Tel: +82-2-3445-2262, Fax: +82-2-3445-2440
Homepage: www.ksoog.org
E-mail: office@ksog.org

To Cervical Cancer Action:

We understand that Cervical Cancer Action is gathering evidence of global and country-level support for improved cervical cancer prevention. This letter indicates our strong support for comprehensive programs to protect girls and older women from this terrible disease. In our opinion, cervical cancer is something we can and should do something about.

The pain and suffering caused by cervical cancer hits the developing Asia particularly hard. As you may know, 85 percent of cervical cancer deaths occur in the developing world, in large part because screening programs do not reach many women in time. Improved screening and treatment, along with future vaccination, will be important elements of programs to reduce cervical cancer mortality.

We share your commitment that access to new technologies should follow disease not wealth. It is crucial that the costs of HPV vaccine and new screening technologies be reduced, and access increased, as quickly as possible. We stand ready to work in partnership with the global community to make these new tools available appropriately and effectively to the girls and women who need them most.

Sincerely,

Soon-Beom Kang M.D., Ph.D.
Chairman of the Board
Korean Society of Obstetrics and Gynecology
5 May 2008

To Cervical Cancer Action:

**Global Fight Against Cervical Cancer: Chug Away**

We are submitting this letter to express our strong support for rapid global access to comprehensive programs to protect girls and older women from cervical cancer. Furthermore, in my current capacity as a champion for cancer prevention in developing countries, I would like to submit this letter and to join the scores of other countries and leaders of civil society who share our commitment to improve cervical cancer prevention for all women and girls, no matter where they live. In our opinion, cervical cancer is something we can and should do something about.

This terrible disease is one of the most common causes of cancer-related death in the developing world in large part because screening and treatment programs do not reach many women in time. Cervical cancer afflicts women in their prime of life, and the ripples of this devastating disease are felt for their children, grandchildren, and larger communities. Access to improved screening and treatment, along with future vaccination, will be important elements of comprehensive programs to reduce cervical cancer mortality in our country. The faster we can get these technologies to our women, the faster we can save lives.

We share your commitment that access to new technologies should follow disease not wealth. We are counting on the leadership of multilateral organizations, governments, and industry to work to reduce the costs of the HPV vaccine and new screening technologies and increase access as quickly as possible. We stand ready to work in partnership with the global community to make these new tools available appropriately and effectively to the girls and women who need them most.

With regards,

Ranjit Kaur
President
Pakistan: Shaukat Khanum Memorial Cancer Hospital & Research Centre

Shaukat Khanum Memorial Cancer Hospital
And Research Centre

To The International Union Against Cancer (UICC)

We appreciate the efforts of UICC for gathering evidence for improvement of cervical cancer prevention and joining hands with the developing world to eradicate this disease. We would like to join you and show our commitment to fight against this disease which is mainly affecting the females of low and medium resource countries. We will join the worldwide campaign of preventing cervical cancer by implementing various screening programmes.

The most recent global estimates for cancer burden indicate that Cervical cancer accounted for 493,000 newly diagnosed cases, 1.4 million prevalent cases and 273,000 deaths world-wide in the year 2002. Of these, more than 80% occurred in the low- and medium-resource countries in South and South East Asia, sub-Saharan Africa and South and Central America.

It is well established that cervical cancer is caused by persistent infection with one or more of approximately 15 oncogenic types of human papilloma virus (HPV). Lack of effective screening programs and the high prevalence of oncogenic HPV infection are responsible for the high burden of cervical cancer in many developing countries.

We know that variation in survival from cervical cancer among developing counties is lack of proper screening as well as variations in clinical stages of presentation and the availability and accessibility to diagnostic and treatment services according to the level of development of cancer.

There are a number of effective preventive strategies available today to protect women and prevent disease progression and we know that the apparent lack of impact of cervical cytology programs and the difficulties in organizing such programs in low- and medium-resource countries have prompted the search for and evaluation of alternative screening tests and paradigms that require one single or two visits, to complete the screening and diagnosis/treatment process.

The efficacy and effectiveness of visual inspection after acetic acid application (VIA) screening and visual inspection with Lugol’s iodine (VILI) is proved and are valuable screening methods in many countries. In addition, the fact that cervical neoplasia is caused by persistent infection, HPV screening and vaccination act as complementary and synergistic interventions, and currently constitute the new standards of disease prevention.

A PROJECT OF THE SHAUKAT KHANUM MEMORIAL TRUST

Tax Exemption Under Clause 61 (XXXI) of the 2nd Schedule to the Income Tax Ordinance, 2001
Taiwan: Hope Society for Cancer Care

To the International Union Against Cancer (UICC),

We understand the UICC is gathering evidence for improved cervical cancer prevention. By means of this letter, we would like to show our commitment to the global effort to eliminate cervical cancer worldwide and provide those who need it most with affordable and effective prevention strategies.

Cervical cancer is the second largest cause of death from cancer in women worldwide. For women in developing countries, it is the biggest cancer killer. Virtually all cervical cancer is caused by infection with human papilloma virus (HPV), the most common viral infection of the reproductive tract.

In industrialized countries, expanded screening and treatment have dramatically reduced cervical cancer rates over the last 60 years. But in developing countries, where the vast majority of women never have a pap smear, the incidence and death rates from cervical cancer continues to rise.

Recognizing the potential of the new HPV vaccines to prevent cervical cancer, The World Cancer Declaration calls for HPV vaccination programmes in low and middle-income countries where the burden of cervical cancer is high and calls for specific actions to reduce costs and provide public and professional education, public policy and research.

We recognize that vaccination programmes need to be based on what is affordable, feasible, and culturally acceptable in our country and that vaccination is not a substitute for screening.

Cervical cancer is preventable and we are now in an unprecedented position where new technology provides us with the means to make a difference. HPV vaccines given to young girls now can prevent future infections and save numbers of lives for decades to come. Furthermore, improved screening methods could make efficient screening a reality, even in the most remote settings.

We share your commitment to work with governments and other sectors to make cervical cancer prevention work.

Signed,

Jerry Wang
Baird of Director
HOPE Society for Cancer Care
Taiwan, R.O.C.
March 24, 2008

Cervical Cancer Action
c/o American Cancer Society
588 Broadway, Suite 504
New York, NY 10012

To Cervical Cancer Action:

We understand that Cervical Cancer Action is gathering evidence of global and country-level support for improved cervical cancer prevention. This letter indicates our strong support for comprehensive programs to protect girls and older women from this terrible disease. In our opinion, cervical cancer is something we can and should do something about.

The pain and suffering caused by cervical cancer hits the developing world including Thailand particularly hard. As you may know, 85 percent of cervical cancer deaths occur in the developing world, in large part because screening programs do not reach many women in time. Improved screening and treatment, along with future vaccination, will be important elements of programs to reduce cervical cancer mortality.

We share your commitment that access to new technologies should follow disease not wealth. It is crucial that the costs of HPV vaccine and new screening technologies be reduced, and access increased, as quickly as possible. We stand ready to work in partnership with the global community to make these new tools available appropriately and effectively to the girls and women who need them most.

Professor Suwachai Intaraprasert
President of The Royal Thai College Obstetricians and Gynaecologists
To Cervical Cancer Action:

We understand that Cervical Cancer Action is gathering evidence of global and country-level support for improved cervical cancer prevention. This letter indicates our strong support for comprehensive programs to protect girls and older women from this terrible disease. In our opinion, cervical cancer is something we can and should do something about.

The pain and suffering caused by cervical cancer hits the developing world including Thailand particularly hard. As you may know, 85 percent of cervical cancer deaths occur in the developing world, in large part because screening programs do not reach many women in time. Improved screening and treatment, along with future vaccination, will be important elements of programs to reduce cervical cancer mortality.

We share your commitment that access to new technologies should follow disease not wealth. It is crucial that the costs of HPV vaccine and new screening technologies be reduced, and access increased, as quickly as possible. We stand ready to work in partnership with the global community to make these new tools available appropriately and effectively to the girls and women who need them most.

Vasant Linasmita, M.D.
President, Thai Gynecological Cancer Society

Office, 8th Floor, 888 Suite, The Royal Golden Jubilee Building, 2 Soi Sornsuw, New Petchburi Road, Bangrak, Huai Khwang, Bangkok 10310, Thailand.
Tel: 662-716-6441, 662-716-6651, 662-716-6654 ext. 8582 Fax: 662-716-6442 Website: http://www.tgcottai.com E-mail: tgcottai_slc@tgcottai.com
Ho Chi Minh Oncology Hospital
03 No Trang Long Street
Binh Thanh District
Ho Chi Minh City
Viet Nam

To the International Union Against Cancer (UICC),

We understand the UICC is gathering evidence for improved cervical cancer prevention. By means of this letter, we would like to show our commitment to the global effort to eliminate cervical cancer worldwide and provide those who need it most with affordable and effective prevention strategies.

Cervical cancer is the second largest cause of death from cancer in women worldwide. For women in developing countries, it is the biggest cancer killer. Virtually all cervical cancer is caused by infection with human papilloma virus (HPV), the most common viral infection of the reproductive tract.

In industrialized countries, expanded screening and treatment have dramatically reduced cervical cancer rates over the last 60 years. But in developing countries, where the vast majority of women never have a pap smear, the incidence and death rates from cervical cancer continues to rise.

Recognizing the potential of the new HPV vaccines to prevent cervical cancer, The World Cancer Declaration calls for HPV vaccination programmes in low and middle-income countries where the burden of cervical cancer is high and calls for specific actions to reduce costs and provide public and professional education, public policy and research.

We recognize that vaccination programmes need to be based on what is affordable, feasible, and culturally acceptable in our country and that vaccination is not a substitute for screening.

Cervical cancer is preventable and we are now in an unprecedented position where new technology provides us with the means to make a difference. HPV vaccines given to young girls now can prevent future infections and save numbers of lives for decades to come. Furthermore, improved screening methods could make efficient screening a reality, even in the most remote settings.

We share your commitment to work with governments and other sectors to make cervical cancer prevention work.

Signed,

DANG HUY QUOC THINH
Vice Director
HCM City Oncology Hospital
Viet Nam
Dear Sir/Madam,

We understand that Cervical Cancer Action is gathering evidence of global and country-level support for improved cervical cancer prevention. By this letter we would like to express our strong support for comprehensive programs to protect girls and older women from this dangerous but preventive disease.

We know that about 85 percent of cervical cancer deaths occur in the developing world including Vietnam, in large part because screening programs do not reach many women in time. Improved screening and treatment, along with future vaccination, will be important elements of programs to reduce mortality.

We fully agree with you that access to new technologies should follow disease not wealth. It is crucial that the costs of HPV vaccine and new screening technologies be reduced, and access increased, as quickly as possible. We are ready to work with the global community to make these new tools available appropriately and effectively to the girls and women who need them most.

My best wishes for our future cooperation. Thank you for your cooperation and support.

Yours sincerely,

Nguyen Duy Khe, MD, PhD.
Director
Department of Maternal and Child Health.
Cc: International Cooperation Department
To Cervical Cancer Action

We understand that Cervical Cancer Action is gathering evidence of global and country-level support for improved cervical cancer prevention. This letter indicates our strong support for comprehensive programs to protect girls and older women from this terrible disease. In our opinion, cervical cancer is something we can and should do something about.

The pain and suffering caused by cervical cancer hits the developing world, in Asia and Vietnam particularly hard. As you may know, 85 percent of cervical cancer deaths occur in the developing world, in large part because screening programs do not reach many women in time. Improved screening and treatment, along with future vaccination, will be important elements of programs to reduce cervical cancer mortality.

The National Target Program on Cancer Prevention in Vietnam has just approved from the Government and it start running from 2008. One of the major activity is focused on Cervical Cancer Screening and Prevention.

We share your commitment that access to new technologies should follow disease not wealth. It is crucial that the costs of HPV vaccine and new screening technologies be reduced, and access increased, as quickly as possible. We stand ready to work in partnership with the global community to make these new tools available appropriately and effectively to the girls and women who need them most.

Signed,

Dr. Tran Van Thuan
Vice Director of National Cancer Hospital
Vice Director of National Cancer Institute
32,000 girls across Fiji between the ages of 9 and 12 will received free inoculation with Gardasil for free.

It is understood that when the free doses donated by manufacturer, MERCK, run out, parents will have to pay a hefty amount to get their daughters immunised.

Dr Josaia Samuela of the CWM Hospital says one dose costs about 120 dollars, and it will be hard for many parents, as full protection against the HPV will require three shots.

“For every girl in Fiji who needs the vaccine, the parents will have to pay up to $US360, now very, very few parents will be able to afford that and this free donation is a big step for us here in Fiji. Now the government has to make a decision on that. It costs money, yes its very expensive and many countries will not be able to afford them. Its very, very expensive.”

Dr Samuela says he hopes the Global Alliance for Vaccines and Immunisations (GAVI) will consider the plight of countries in the Asia Pacific that cannot afford the drug.

Gavi assists countries in the funding of such operations.

Dr Samuela says Kiribati and the Solomon Islands are the only two countries in the Pacific that are considered by Gavi.
Creating a cancer-free world for women
Harmala Gupta

**India has more cervical cancer cases than any other country**

New vaccines, highly accurate tests available

Indian government and civil society must take a stand

When I reflect on all the women I’ve known who have passed away from cervical cancer, I am humbled by their courage but saddened by the thought that it need not have been this way. As the founder of a home-based palliative care programme in Delhi, I can no longer count the number of cases we have encountered of women who have died in great suffering from this devastating but preventable disease. India has more cervical cancer cases than any other country in the world (130,000 new cases are reported every year) and cervical cancer is the number one cause of cancer-related death among women in India.

**Faces of sorrow**

I remember vividly the faces of women I’ve met who have suffered from cervical cancer. They are faces of sorrow, ravaged by physical and emotional pain. Several years ago I visited Sunita, a striking young woman in the prime of her life, who was now losing her struggle against this disease. A mother of four and the former owner of a prosperous embroidery shop, she came to us emaciated, bald, and in excruciating pain.

Her anguish extended beyond the cancer that was destroying her body. It was rooted in her concern for her husband, her children, and her entire extended family. The devastation of cervical cancer is hard to express in words. But seeing the millions of strong women whose lives it claims, hearing their stories, and comforting them in their final hours, has reinforced my conviction that India must do everything possible to end this human tragedy.

This crisis does not end with the death of multitudes of exhausted women who appear at clinics doubled over in pain, learning tragically late of the cancer destroying them. It continues to be embodied in the motherless small child begging on the streets of Delhi forced to fend for himself, the work-weary father compelled to rear his five young children alone. Throughout India, the damage of cervical cancer is real. When women suffer from cervical cancer, India suffers. For every woman lost there is a family left in pain.
What upsets me when I watch these women die is the knowledge that nearly all these deaths could have been prevented. Thanks to screening programmes widely available there, cervical cancer has declined dramatically in industrialised nations. Rates in developing countries, however, continue to soar and India alone has one quarter of the world’s newly diagnosed cases of cervical cancer.

We already have all the tools and technology to save these lives. New vaccines and highly accurate tests developed in the last few years have the power to eliminate cervical cancer. Unlike most other cancers, scientists have identified the primary cause of cervical cancer: a common virus known as the human papilloma virus, or HPV. These new HPV vaccines can protect women against the two most common high-risk types of HPV, responsible for about 70 per cent of cervical cancers. The vaccines are now widely available in North America and Europe, but not India. It is true they are expensive, but surely when it comes to saving lives this should not stand in the way. The government has an obligation to find ways to subsidise the cost to make it more affordable.

While these new vaccines can protect girls and young women who have not yet been exposed to HPV, they will do little to help more mature women. In addition, even women who are vaccinated need cervical cancer screening. That is why ongoing screening for cervical cancer risk is critical. In fact, some experts warn that cervical cancer rates could actually increase, despite the introduction of immunisation if the two do not go hand in hand.

Most women in India lack access to quality screening. For the past 60 years, the main test for the disease in industrialised countries has been the pap smear, in which laboratory personnel visually examine cervical cells under a microscope. Although this test has saved many lives, it is only about 50 percent accurate in identifying women with serious cervical disease. And because this test requires highly trained professionals, the vast majority of women in India do not have access to it, especially poor women living in rural areas who are at the greatest risk of contracting it.

Recently, however, scientists have developed a test that can directly detect the presence of HPV. This HPV test is far more sensitive than the pap smear and has the potential to save many more lives. Scientists are producing a version specially designed for use in remote areas of developing countries. New tools such as the HPV vaccines and screening tests have enormous lifesaving potential, but they will not reach the women who need them unless the Indian government and civil society take a stand on this issue. Our national and state governments and NGOs must work together to ensure that access to the HPV vaccines and to basic screening tests are accessible to all women who might benefit, no matter what their socioeconomic status.

I’ve watched in anguish as women diagnosed with cervical cancer who come under our care gradually lose their appetite and vigour and waste away under the steady onslaught of nausea, swelling, and intractable pain. Once self-sustaining, proud women who managed entire households and provided for their families, they now suffer from disgrace and marginalisation in the wake of this disease. For those with access to healthcare facilities, chemotherapy and radiation leave many bedridden and unable even to feed or clean themselves, let alone care for their loved ones. They feel humiliated by their lack of control over simple bodily functions. But they are not the ones who should suffer shame. That burden should be borne by all of us who could have acted to prevent these women’s agony.
I take heart in the recent efforts of international leaders to respond to the toll that cervical cancer exacts on the world. At the Global Summit of Women held this week in Vietnam, business executives and government officials from 70 countries proclaimed the elimination of cervical cancer to be one of their top priorities. We need Indian business leaders and governments to also commit themselves to play an active role in addressing cervical cancer, by promoting the prevention tools that we know can work.

Access to clinics needed

If we’re going to address cervical cancer, we must transform our public health system. All women, no matter where they live and how rich or poor they are, need access to clinics and preventative care. Simultaneously we also must consider the changes that we can make to society as a whole. Women’s rights are intimately related to cervical cancer. Many Indian women currently marry young, have multiple pregnancies, and often have little control over the sexual habits of their husbands, all of which put their reproductive health at risk. We must reassure poor women who are disproportionately stricken by cervical cancer that they are not invisible, and that their wellbeing is critical to our country’s development. India can never truly claim to be a global power as long as its people die of preventable diseases. Women are the glue that holds Indian society together. They are the centre of the family unit. If we focus on addressing cervical cancer, we will undoubtedly improve the overall standard of health for all Indians, besides saving precious lives.

We must not let the courageous struggles of the thousands of Indian women who have died from cervical cancer go ignored. It is time for us to unite in a public movement against cervical cancer and make sure all women have access to the tools necessary to eliminate this disease once and for all.

(Harmala Gupta is President and founder of CanSupport, a pioneering home-based palliative care programme supporting people with advanced cancer in Delhi and its National Capital Region.)

© Copyright 2000 - 2008 The Hindu

Date:08/06/2008
URL: http://www.thehindu.com/2008/06/08/stories/2008060855271000.htm
Taking the fight against cancer further

To create public awareness about cervical cancer among Indian women, Bollywood personalities Sonali Bendre and Farah Khan on Thursday launched a comprehensive prevention programme at Fortis La Femme Centre for Women at Greater Kailash in the Capital.

Pointing out that a large number of women die because of cervical cancer —“forgotten cancer” — Farah said when she was pregnant recently she got educated about the dreaded disease.

“As a mother I want every mother and daughter to spend a few minutes at Guard Yourself centres that are opening across the country. Women should get education on it and get themselves vaccinated to prevent this cancer. Every year almost 74,000 women die due to it in India that is more than one-fourth of the world deaths due to cervical cancer,” she added.

A sombre-look Sonali said earlier she was under the impression that breast cancer was the biggest killer in the country.

Second most common

“It is important for me to send out the message that cervical cancer is the most common female cancer in India. I am willing to talk to mothers and their daughters about it. Our women need to understand that it is a serious disease that can be life-threatening as this cancer is the second most common cause of cancer deaths among women worldwide, she added.

The two celebrities, who had flown in from Mumbai which has witnessed its worst terrorist attacks, said citizens need to guard themselves rather than depend on those in the corridors of power to do something for them.

Madhur Tanha
Cervical Cancer – A cause to fight for

Cervical cancer, a preventable disease, is one of the most common cancers in women worldwide and a leading cause of cancer death. Globally, nearly half a million women are newly diagnosed with invasive cervical cancer annually. The majority of these women have never been screened for the disease. India, with one-sixth of the world’s population (over one billion), also has one-fourth of the world’s burden of cancer of the cervix. It is estimated that in India, each year, nearly 122,000 women are diagnosed with cervical cancer and around 75,000 women die from it. It is projected that by 2020, these figures will double if no action is taken.

Human papillomavirus (HPV) is the essential cause of cervical cancer with certain genotypes being more oncogenic. HPV types 16 and 18 are associated with 70% of the cervical cancer cases, both globally and in Asia, including India. Currently, two vaccines are available to prevent infection with HPV16 and HPV18. The vaccines are provided as intra-muscular injections in a 3-dose schedule over a period of 6 months and have proved safe and highly immunogenic.

An Advocacy Panel on Cervical Cancer Prevention was organized by PATH on December 4, 2008 to share experiences, lessons learned, and collectively identify potential opportunities and barriers related to cervical cancer prevention advocacy and to outline strategies to address them.

For further details contact: Ms. Paramita Kundu, PATH. Email: pkundu@path.org

September to December 2008
Malaysia has more cases of cervical cancer compared to other developed countries, even though the disease is preventable and has the potential to be eradicated.

THANKS to the tireless efforts of the Health Ministry, various NGOs, patient support groups and medical professionals, the level of public awareness about breast cancer in Malaysia is incredibly high and many women are becoming increasingly educated about ways to detect and treat breast cancer early.

Now, I hope that we can do the same for cervical cancer – a less talked-about cancer, even though it is the second most common cancer in women after breast cancer.

Cervical cancer is a disease in which cancer cells are found in the tissues of the cervix (the lower part of the uterus that connects the uterus to the vagina).

It saddens me to tell you that Malaysia has more cases of cervical cancer compared to other developed countries, even though the disease is preventable and has the potential to be eradicated. All women should be aware of this and do their very best to prevent developing cervical cancer.

HPV and the cervix

Cervical cancer can occur at any age in a woman’s life, beginning in adolescence (although uncommon).

About half of all women diagnosed with cervical cancer are between 35 and 55 years of age.

Many of these women were most likely exposed to HPV during their teens and 20s.

The crude incidence rate for cervical cancer in 100,000 female population in Peninsular Malaysia is 13.4 out of 100,000 for girls/women between 15 and 49 years of age, and 62.9 out of 100,000 for women between 50 and 69 years of age.

(Source: Second Report of the National Cancer Registry Cancer Incidence in Malaysia (2003); Ministry of Health Malaysia.)

You could be one of them. That is why it is important that you know more about this disease to protect yourself from it.

Your cervix is lined with scalelike cells called squamous cells, while your cervical canal is covered with another kind of cell called columnar cells. These two cells meet in an area called the T-zone – this is the most likely area for abnormal cells to develop.

But what causes these abnormal cells to develop? Most commonly, it is the work of a virus called HPV, or human papillomavirus.
There are actually more than 100 types of HPV. Some of them cause genital warts, while others cause cervical cancer.

HPV infection is very common and often goes away on its own without needing treatment. In fact, not every woman who has a HPV infection will develop cervical cancer. This is because your immune system will kill off the abnormal cells and so prevent them from becoming cancerous.

But sometimes, the abnormal cells can turn into pre-cancerous cells, and later, develop into cervical cancer. Therefore, it’s important to detect the infection early, so that you can monitor it and treat any abnormal cells that develop.

Are you at risk?

HPV is transmitted through sex. So women who have many sexual partners (or who have sex with men who have had many partners) have a greater chance of getting HPV.

There are also a few other factors that put you at risk of developing cervical cancer. These are: Smoking: If you smoke, you are twice as likely to get cervical cancer. Tobacco smoke can produce chemicals that may damage the DNA in the cells of the cervix and make cancer more likely to occur. HIV infection: HIV (the AIDS-causing virus, different from HPV) can also be a risk factor for cervical cancer. Being HIV-positive weakens the immune system, and makes a woman less able to fight HPV infection and early cancer. Chlamydia infection: Chlamydia is a sexually-transmitted bacteria that infects a woman’s genitals. Some research suggests that women who have chlamydia infection (or have had it in the past) are at greater risk for cervical cancer. Although we can’t confirm this research yet, it is still a good idea to avoid getting chlamydia infection or to have it treated quickly to avoid other health problems. Having many pregnancies: Woman who have had many fullterm pregnancies have an increased risk of cervical cancer. Low income: Poor women are at greater risk for cervical cancer. This may be because they cannot afford good health care, including Pap smear tests. Family history: If your mother or sister has had cervical cancer, you may be more likely to get the disease yourself. This means it’s even more important that you go for regular Pap smears. Partner’s hygiene: Some people believe that women whose partners were circumcised were less likely to get cervical cancer. However, research shows that uncircumcised men are no greater a risk of causing cervical cancer, as long as they are careful about keeping their genitals, particularly the foreskin, clean. Poor diet: There is no food that can single-handedly cause, or prevent, cervical cancer, of course. But diet plays an indirect role in cervical cancer – if you have poor nutrition and become infected with HPV, your body may not be strong enough to fight off the virus. This can cause more cells to undergo the genetic changes that can lead to pre-cancerous cells, and then to cervical cancer. You should eat a diet rich in fruits and vegetables, as they have plenty of nutritional
components that can protect your health. You should also maintain healthy body weight, as overweight women are at higher risk of cervical cancer.

Although HPV is sexually transmitted, it is not correct to say that women get cervical cancer because they are promiscuous.

After all, you could have been with only one man, but if he has had lots of other partners and carries the virus, you can still get it from him.

If you have many partners or have a partner who has been with many other women, you must be extra cautious about checking yourself for HPV infection.

Condoms do not protect against HPV transmission – but it is still important to use them because they protect against AIDS and other sexually transmitted diseases.

**Can cervical cancer be prevented?**

So what can you do to protect yourself against cervical cancer? For a long time, there were only two ways: prevent pre-cancer; or detect HPV infection early.

You can prevent pre-cancer from developing if you delay having sex until you are older. As much as possible, you should also have few sexual partners, and be cautious with men who have had sex with many other partners.

You should also quit smoking, as this not only protects against cervical cancer but many other cancers and diseases.

The second way to prevent cancer of the cervix is to have regular Pap smear tests to detect HPV infection and pre-cancers. If you can treat these problems early, you can stop the infection before it fully develops into an invasive cancer.

Now, thanks to a tremendous advance in research, we have a third way to prevent cervical cancer – a new vaccine. I will discuss the vaccine and the Pap smear test in the next few articles in this column.

Next article in Women’s World: The importance of your Pap smear n Datuk Dr Nor Ashikin Mokhtar is a consultant obstetrician & gynaecologist (FRCOG, UK). She is co chairman of Nur Sejahtera, Women & Family Healthcare Program, Ministry of Women, Family and Development.

• For further information, e-mail starhealth@thestar.com.my. The information provided is for educational and communication purposes only and it should not be construed as personal medical advice. Information published in this article is not intended to replace, supplant or augment a consultation with a health professional regarding the reader’s own medical care. The Star does not give any warranty on accuracy, completeness, functionality, usefulness or other assurances as to the content appearing in this column. The Star disclaims all responsibility for any losses, damage to property or personal injury suffered directly or indirectly from reliance on such information.
$US9m to vaccinate Micronesian girls

10 JAN 2009

The United States will spend close to US$9 million to vaccinate girls in American-affiliated Pacific islands against cervical cancer starting next month.

A regional epidemiologist, Dr Jean-Paul Chaine, says the new HPV vaccine will be for girls 10 to 18 years of age in the Federated States of Micronesia, the Marshall Islands and Palau.

The vaccine prevents the types of genital human papillomavirus that cause most cases of cervical cancer and genital warts, Radio New Zealand International reports.

The vaccine is given in three shots over six-months.

Dr Chaine says the HPV vaccine programme was supposed to be launched a year ago, but hit funding snags that delayed it.

Some of the four island states in the Federated States of Micronesia will launch a vaccine drive as early as next month.

In the Marshall Islands, cervical cancer was the second most prevalent cancer in 2007 and is estimated to affect women at a rate six times that in the United States.

Fijilive
10 March 2008

Nepalese school girls to get cervical cancer vaccination

The Rising Nepal Reports | The Rising Nepal

By A Staff Reporter

Kathmandu, March 9: Cervical cancer is the largest killer among married women in the 30 to 60 years age group. The Australian Cervical Cancer Foundation (ACCF) launched ‘Gardasil,’ a cervical cancer vaccine programme in Nepal from Sunday to bring down the number of deaths.

The vaccine would be provided to unmarried girls from 15 to 26 years and that should be provided in three doses - second dose in two months after the first one and the third dose in the sixth month.

The vaccination has been started in Nepal for the first time among the developing countries and it is very expansive, doctors said. It costs US$ 460 for full dose but it is to be given free of cost in Nepal.

Australian Ambassador Graeme Lade said that the vaccine was designed to prevent cervical cancer, the largest killer of Nepalese women in the 30 to 60 age group. He said that ACCF’s vaccination programme in Nepal has been started modestly at the moment, but plans are afoot to provide 10,000 full rounds of cervical cancer Vaccines per year to young Nepalese women.

He said, "I am pleased to be associated with the launch of the Gardasil vaccine in Nepal for two main reasons. First, it has the potential to benefit large number of Nepalese women and reduce the loss of life as a result of cervical cancer and, second, I am proud that an innovative Australian medical researcher, Prof. Ian Frazer, played a leading role in the development of the vaccine.

Dr. Surendra Bade Shrestha, president of Nepal Network for Cancer Treatment and Research (NNCTR) said that the vaccine got license one and-a-half-years back to be used in UN. He said, "Currently we have 100 vaccines and that would be provided to school girls and later 10,000 vaccine would be brought in October 2008.

It is a school based programme and would not be provided to individuals, he informed. The aim of the ACCF is to provide Human Papilloma virus cervical cancer vaccine to young women in developing countries who are otherwise without access to the vaccine and to undertake public education and promotion campaigns on the benefits of the vaccine in Australia and developing countries.

Because of the high incidence of cervical cancer in Nepal, the ACCF, with the full approval and support of Nepalese government authorities, has chosen Nepal as the first country to benefit from its programme.

Executive Director of ACCF Michael Wille emphasized on the importance of the vaccine to protect young women in the developing countries.

Gardasil was developed by Professor Ian Frazer at the University of Queensland in Australia. Prof. Frazer was the 2006 Australian of the Year and is also the director of the ACCF.

Four schoolgirls were provided the vaccine at the programme today.

Institute wants HPV vaccine in immunisation programme


(11-04-2008)

HA NOI — The National Institute of Hygiene and Epidemiology proposed that the Ministry of Health include the human papilloma virus (HPV) vaccine in the national immunisation programme.

The vaccine can help protect women against contracting HPV which can result in cervical cancer. Studies suggest that if all girls at age 12 were vaccinated, 76 per cent would be protected from cervical cancer.

The institute's director, Nguyen Tran Hien, presented the information at a workshop on the introduction of HPV vaccine in Viet Nam held, yesterday in Ha Noi.

"Young girls should be able to get the HPV vaccine with support from the Government and international organisations," said Hien.

Hien said his institute had identified critical issues for delivering the HPV vaccine because where cervical cancer (CxCa) was common in Viet Nam.

Hien said the HPV vaccine has already been distributed in more than 80 countries.

In Viet Nam in 2002, more than 6,220 new cases of cervical cancer were diagnosed and 3,334 people died of the disease.

The HPV vaccine costs around US$100 per dose, and three doses are needed. These prices put the vaccine out of reach for the majority of Vietnamese women, where the average annual per capita income is $850.

Path, an international non-profit organisation, is working closely with the Health Ministry and civil organisations on clinical research in India, Peru, Uganda and Viet Nam. It is being funded by the Bill and Melinda Gates Foundation.

Results of the research will be disseminated to help determine HPV vaccine policy and programme and funding policies in other countries.

Michelle Gardner, the Viet Nam programme leader, said, this was the first vaccine to focus on female cancer. The vaccines were proven as safe and there was no evidence they could affect the future fertility of girls.

"They provide protection for at least five years, likely much longer," she said.

At a seminar held in HCM City last Sunday, Prof Nguyen Thi Ngoc Phuong, chairwoman of the HCM City Obstetrics and Gynaecology Department, said cervical cancer was caused by persistent infections by cancer-prone types of HPV.

"Every woman is at risk of an oncogene HPV infection, which may cause cervical cancer. HPV is easily transmitted through sexual activity, although transmission does not depend on penetrative intercourse but may occur from skin-to-skin contact in the genital area," said Phuong. "It is estimated that 50-80 per cent of women will acquire an HPV infection in their lifetime and up to 50 per cent of those infections will be of an oncogenic HPV type."

Screening can detect the early signs of cervical cell abnormalities, thus allowing for early and prompt treatment, according to Jamikorn Bhekasuta from GlaxoSmithKline pharmaceutical company. — VNS
Women’s meet ends with cancer pledge


(09-06-2008)

HA NOI — The Global Summit of Women in Ha Noi came to a close Saturday with Viet Nam’s pledge to join in the global fight against cervical cancer and other cancers affecting women.

The commitment was made by minister of health Nguyen Quoc Trieu, who strongly supported the initiative to fight cervical cancer which was first introduced at last year’s summit in Germany.

The Vietnamese delegation also introduced a number of initiatives to increase women’s roles in poverty alleviation, economic development and gender equality, said Tran Thi Thuy, deputy chair of the Viet Nam Chamber of Commerce and Industry.

The results of the fourth annual survey of 13 Asian-Pacific countries by Mastercard Worldwide Group released at the summit showed that Viet Nam’s Index of Women’s Advancement scored a slight uplift in 2008 compared to 2007.

Malaysia, Indonesia and Thailand also experienced slight increases, while the Philippines and Singapore reported slight declines over the last year. Despite a decline, the Philippines still scored highest at 86.82; the lowest score was received by Japan at 49.83. Viet Nam’s score had shifted up from 72.21 to 72.99 this year.

The presence of almost 700 foreign delegates from over 70 countries and territories showed the great interest by women leaders and businesswomen around the globe for the event and their love of Viet Nam, said Thuy.

Irene Natividad, the summit president, appreciated Viet Nam hosting the event, and was pleased the three-day event raised US$30,000 for relief aid to victims of cyclone Nargis in Myanmar and earthquakes in China. Tan Tao Investment Company of Vietnam donated the sizeable amount of $10,000 for this purpose.

The next summit is scheduled to convene in Chile in 2009. — VNA/VNS