Hacia una prevención integral del cáncer cérvico-uterino

EXPEDIENTE DE APOYO

Agosto 2008
Supporting improved cervical cancer prevention worldwide

Vers une prévention organisée contre le cancer du col de l’utérus

Hacia una prevención integral del cáncer cérvico-uterino
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Prólogo

El cáncer cérvico-uterino es la segunda causa más grande de muerte por cáncer en mujeres en todo el mundo. En los países en vías de desarrollo, es el cáncer más aniquilador entre las mujeres.

En abril del 2007, el Consejo de Administración de la UICC, adoptó un documento sobre el cáncer cérvico-uterino y lanzó una iniciativa que define las prioridades e intervenciones que deben adoptarse para un control eficaz de este tipo de cáncer. La UICC colabora estrechamente con diferentes coaliciones y organizaciones que participan en la lucha mundial contra el cáncer cérvico-uterino y en el esfuerzo para establecer estrategias de prevención eficaces y accesibles para aquellos que tienen una mayor necesidad. La UICC instó a llevar a cabo programas integrales que además sean adaptados localmente incluyendo exámenes de evaluación y tratamiento mejorados, vacunas y educación pública. Entonces, solicitamos a nuestros miembros, colegas y asociados influyentes a que envieran a la UICC una carta de apoyo en favor de una prevención integral del cáncer cérvico-uterino a nivel mundial especialmente en el mundo en vías de desarrollo el cual sufre la mayor incidencia y mortalidad. Estas cartas serán compiladas en un expediente conjuntamente con la Declaración de la UICC sobre el cáncer cérvico-uterino, La Declaración Mundial sobre el Cáncer 2008, boletines y artículos de la UICC y otras declaraciones en los medios. Estas cartas han sido compartidas con la coalición “Cervical Cancer Action (CCA)” para formar un expediente integral de defensa y de unidad para una prevención mejorada del cáncer cérvico-uterino a través del mundo. Este expediente será puesto a disposición de la Organización Mundial de la Salud (OMS) y otras organizaciones involucradas en la prevención del cáncer cérvico-uterino. Una versión digital del expediente de la UICC estará disponible en el sitio Web de la UICC para apoyar los propios esfuerzos de promoción de los miembros y asociados.

Esperamos que este esfuerzo conjunto aumente el impacto de la promoción de la UICC y ponga en relieve el compromiso de la comunidad global contra el cáncer.

Sinceramente,

Isabel Mortara
Executive Director
La UICC está trabajando en sociedad con organizaciones internacionales, asociaciones profesionales y las ONG para que éstas den prioridad a la prevención y control del cáncer cérvico-uterino en la agenda de la salud mundial.

Defens

La UICC apoya todos los esfuerzos y trabaja con sus asociados para lograr vacunas contra el virus del papiloma humano efectivas y asequibles, tecnología para los exámenes de evaluación y tratamientos y que éstos estén disponibles para todas las mujeres globalmente, especialmente en países con escasos recursos económicos a través de:

- Sesiones de defensa en los Congresos Mundiales del Cáncer 2008 y 2010
- Proporcionando herramientas a los miembros de la UICC para que éstos puedan avanzar en sus propios esfuerzos de defensa
- Llevando cuenta del progreso al implementar la Declaración del Cáncer Mundial por región.

Educación Profesional

La UICC proporciona oportunidades de capacitación para profesionales de la salud y aquellos que tienen a su cargo la toma de decisiones ya sea de países desarrollados como de aquellos en vías de desarrollo a través de:

- Becas de la UICC y talleres de capacitación
- Desarrollo de un paquete de capacitación integral educacional acerca del cáncer cérvico-uterino

Información y campaña de conocimiento

La UICC alcanza a diferentes redes informáticas y público objetivo, como son los niños, adolescentes, profesores, mujeres y pacientes a través de:

- La Comunidad de Cáncer Global para discusión y compartir información
- El tema para la Campaña de Cáncer Mundial concentrando la atención en la relación entre infecciones y cáncer

Proyecto Piloto de la UICC

La UICC está planificando un proyecto piloto integral en un país de alto riesgo; el piloto incluirá educación profesional y pública; prevención y detección anticipada en asociación con socios locales, regionales y globales.

La UICC:

- Apoya una apropiada y de costo razonable prevención y control del cáncer
- Proporciona recursos educacionales y oportunidades de capacitación a profesionales de la salud y a aquellos que tienen a su cargo la toma de decisiones
- Hace que la gente tome conciencia a través de información pública, educación y campañas
- Ayuda en la implementación de acciones específicas al nivel del país

Para mayor información sírvase contactarnos a: cervicalcancer@uicc.org
O visite www.uicc.org/cervicalcancer
www.uicc.org/fellowships
Una crisis mundial que empeora

1. El Cáncer mata a más gente que el SIDA, la tuberculosis y la malaria juntos, y se prevé que el número de muertes aumentará dramáticamente en las siguientes décadas a menos que se tome ahora una acción conjunta. En los pocos años que cuenta el comienzo del siglo XXI, el cáncer ya ha cobrado casi tantas vidas como la Segunda Guerra Mundial – el conflicto más mortífero que el mundo haya presenciado. La carga global del cáncer está aumentando rápidamente debido, sobre todo, al envejecimiento de la población mundial. Se estima que para el 2030 más de 12 millones de personas morirán cada año. Más del 70% de estas muertes ocurrirá en países con bajos y medianos niveles de ingreso, donde los recursos disponibles para el control del cáncer son insuficientes o simplemente no existen.

2. Aunque hay diferencias significativas entre la carga, mezcla y tendencia del cáncer alrededor del mundo, el crecimiento acelerado de la carga del cáncer afecta a todas las poblaciones del planeta – no sólo a los países con altos niveles de ingreso. En la actualidad, el cáncer es la segunda causa principal de muerte en los países desarrollados y la tercera en los países en vías de desarrollo. En los países ricos, a pesar del aumento de la incidencia, los índices de supervivencia de casos de cáncer están creciendo debido a que más cánceres están siendo detectados tempranamente y tratados adecuadamente. En un crudo contraste, la incidencia y los índices de mortalidad en los países menos pudientes, se encuentran en rápido crecimiento sin que haya habido un progreso significativo en la tasa de supervivencia.

3. El cáncer priva a las familias de quienes las sustentan, cuidan y protegen. Ocasiona un sufrimiento devastador y con frecuencia con lleva la ruina económica, ya que las familias destinan todos sus recursos para poder costear un tratamiento que, además de ser muchas veces inadecuado es aplicado tardíamente.

4. Si no se toma acción para sensibilizar sobre el cáncer, galvanizar el liderazgo político y desarrollar estrategias prácticas, millones de vidas que podrían ser salvadas se perderán. Numerosos países acusan una falta de estrategia y de voluntad política para enfrentar al cáncer – algunos incluso desconocen cuántos de sus ciudadanos están afectados.

5. Hay serias deficiencias en la respuesta global contra el cáncer. La comunidad global de la salud, la cual ejerce una importante influencia en el establecimiento de prioridades nacionales y la distribución de recursos, se ha enfocado por décadas casi de manera exclusiva en enfermedades infecciosas. Como resultado, el mundo se halla pobremente preparado y mal equipado para enfrentar este desastre impostergable.
Nosotros, la comunidad internacional de lucha contra el cáncer, hacemos un llamamiento a gobiernos, organizaciones gubernamentales internacionales, la comunidad internacional de donantes, agencias de desarrollo, organizaciones profesionales, el sector privado y a toda la sociedad civil para que tomen, de inmediato, medidas para ralentizar y por último, revertir, el incremento de las muertes ocasionadas por cáncer, comprometiéndose a alcanzar los objetivos definidos más abajo y a ofrecer recursos y apoyo político a las acciones prioritarias necesarias para su consecución.

**Objetivos**

**para 2020**

- Establecimiento de sistemas sostenibles de prestación de servicios para garantizar la disponibilidad de programas efectivos de control del cáncer en todos los países;
- Mejora significativa en la evaluación de la carga del cáncer en el mundo y del impacto de las intervenciones para su control;
- Disminución significativa del consumo mundial de tabaco, de la ingesta de alcohol y de la obesidad;
- Cobertura con programas universales de vacunación de las poblaciones de áreas afectadas por el Virus del Papiloma Humano y la hepatitis B;
- Mejora en la actitud de las personas ante el cáncer y disipación de mitos y falsas ideas sobre la enfermedad;
- Diagnóstico de un número mucho mayor de casos de cánceres localizados gracias a programas de cribado y detección precoz, así como a una mayor conciencia pública y profesional sobre la presencia de importantes señales precursoras de cáncer;
- Mejor acceso a diagnósticos precisos y tratamientos adecuados contra el cáncer, a servicios de apoyo, servicios de rehabilitación y cuidados paliativos para pacientes en todo el mundo;
- Disponibilidad generalizada de medidas efectivas para el control del dolor en aquellos pacientes que las necesiten;
- Incremento significativo del número de oportunidades de capacitación para profesionales de la salud en los distintos aspectos del control del cáncer;
- Reducción drástica de la emigración de trabajadores de la salud especializados en el tratamiento del cáncer;
- Incremento de los índices de supervivencia de casos de cáncer en todos los países.
Acciones prioritarias

Estos objetivos son ambiciosos. En el transcurso de los últimos años, sin embargo, se han ido acumulando pruebas sobre la diferencia que pueden marcar, a corto plazo, las acciones concertadas. Consideramos, por lo tanto, que estos objetivos son alcanzables siempre y cuando se efectúen las siguientes acciones prioritarias:

**Política sanitaria**

- Incluir el cáncer en la agenda del desarrollo. Incrementar la prioridad política del cáncer demostrando que un país que invierta en la resolución del acuciante problema del cáncer invierte en el bienestar social y económico de su población. Las organizaciones involucradas en el control del cáncer deberían trabajar con la comunidad internacional de donantes, las agencias de desarrollo, el sector privado y la sociedad civil e invertir en el control del cáncer.
- Movilizar a las partes interesadas para garantizar que, en todo el mundo, las estrategias de control del cáncer secentren en aquellos que más las necesitan. Involver a todos los principales grupos interesados en el desarrollo o la actualización de políticas de control del cáncer.
- Aplicar estrategias que ya hayan demostrado su eficacia para superar las deficiencias en la vigilancia del cáncer.
- Hacer mayores esfuerzos para que los pacientes que padecen de cáncer participen en la planificación del control de la enfermedad a escala local y nacional.

**Prevención y diagnóstico precoz del cáncer**

- Redoblar los esfuerzos para reducir el consumo de tabaco, exhortando a los gobiernos a aplicar y velar porque se respete el Convenio Marco para el Control del tabaco (CMCT)
- Crear mayor consciencia sobre la necesidad de realizar campañas para la reducción del riesgo de cáncer que tengan en cuenta las especificidades culturales junto con una educación pública y profesional, sobre los signos precoces del cáncer. Presionar a los gobiernos para que pongan en práctica políticas de apoyo a las estrategias de reducción de riesgo en la comunidad, permitiendo, de esta manera, que las personas puedan tomar decisiones de consumo informadas y adoptar un comportamiento más sano.
- Instar a los gobiernos a que adopten medidas para reducir la exposición de la población a la acción de carcinógenos medioambientales y ocupacionales.
- Emprender las acciones necesarias para que las vacunas y otras estrategias que ya han demostrado su eficacia en la prevención de infecciones que provocan cáncer sean más fáciles de obtener.
- Abogar por la puesta a disposición de programas de cribado asequibles y de demostrada eficacia para la población afectada. Llevar a cabo proyectos piloto diseñados para evaluar su factibilidad y eficacia en aquellas poblaciones con las que todavía no se han hecho pruebas con la tecnología de cribado.

**Tratamiento del cáncer**

- Promover el desarrollo y la utilización de directrices para el tratamiento del cáncer que correspondan a las necesidades y recursos locales. Realizar los esfuerzos necesarios para contar con instalaciones suficientes para el tratamiento, la rehabilitación y los cuidados paliativos, así como con personal debidamente capacitado, para responder a las necesidades físicas, sociales y emocionales.
de los pacientes que sufren de cáncer;
• Tomar medidas para superar los numerosos obstáculos que impiden un control óptimo del dolor. Trabajar con los gobiernos para hacer frente a la excesiva reglamentación de los analgésicos. Colaborar con organizaciones internacionales y entre otras, la Junta Internacional de Fiscalización de Estupefacientes (JIFE) y la Organización Mundial de la Salud, para que la aplicación en todo el mundo de las convenciones internacionales de las Naciones Unidas sobre el control de drogas no interfiera de manera indebida con los legítimos esfuerzos para promover el acceso a los tratamientos contra el dolor;
• Trabajar con la industria farmacéutica para mejorar el acceso a medicamentos contra el cáncer a precios asequibles y de calidad garantizada;
• Incrementar el número de profesionales de la salud versados en todos los aspectos relacionados con el control del cáncer, ofreciendo oportunidades de capacitación especializada y becas para que éstos puedan estudiar en entornos especializados;
• Crear consciencia sobre las repercusiones de la emigración de los trabajadores de la salud en la capacidad de los países de proporcionar cuidados adecuados a pacientes que padecen de cáncer y enfrentar conjuntamente, a escala nacional e internacional, la escasez de mano de obra en el área de la salud con el consiguiente aumento de la injusticia.
• Incrementar la inversión en investigación básica y aplicada independientes sobre el cáncer y acelerar la transferencia de los resultados de esas investigaciones a las prácticas sanitarias tanto públicas como clínicas.
• Instar a las organizaciones que investigan sobre el cáncer en distintos países a que colaboren, compartan información y definan objetivos de investigación complementarios para poder optimizar, de esta manera, la utilización de los limitados fondos disponibles para la investigación sobre el cáncer y disminuir la duplicación de esfuerzos.

La consecución de los objetivos de 2020

• La Unión Internacional contra el Cáncer (UICC) promoverá − gracias a sus más de 300 organizaciones miembro en más de 100 países − alianzas y acuerdos de colaboración internacional para avanzar más rápidamente hacia la consecución de los objetivos de 2020;
• Dada las grandes variaciones en la carga del cáncer y en la prestación de servicios en todo el mundo, la UICC exhortará a sus miembros usar la Declaración Mundial contra el Cáncer como modelo para formular declaraciones regionales o nacionales que reflejen mejor las necesidades y prioridades locales y permitan cuantificar con mayor exactitud los objetivos, en los casos en que se disponga de datos.
• La UICC asumirá la responsabilidad de preparar informes bienales sobre los avances en la consecución de los objetivos de 2020. Dichos informes serán presentados en el Congreso Mundial sobre el Cáncer.
UICC cervical cancer concept paper

This concept paper was first adopted by the UICC board of directors in May 2007 and published in HPV Today (11), June 2007. It was last updated in December 2007.

The paper is open for comment and review. To submit your comments or questions: cervicalcancer@uicc.org

In countries where screening is regularly and competently performed, cervical cancer incidence has been substantially reduced. The screening procedures, however, did not affect the incidence of early precursor lesions of cervical cancer. The identification of specific papillomavirus types causing cervical cancer\(^1,2\) opened the way for the development of vaccines and created an unprecedented opportunity to prevent cervical and other anogenital HPV-linked cancers.

**UICC strategy**

It is the vision of UICC to eliminate cervical cancer (presently the second most frequent cancer in women globally), other high risk HPV-linked cancers, and their respective precursor lesions. UICC is willing to play a leading role in building collaboration and cooperation towards effective HPV prevention and vaccination.

**Disease burden due to anogenital HPV infections**

The global incidence of cervical cancer has been estimated to be in the range of 493,000 to 510,000 newly diagnosed cases annually.\(^3,4,5\) Between 234,000 and 288,000 of those women will die of the disease. In a country covered by screening programmes (e.g. the USA), the annual incidence of advanced precursor lesions (CIN 2 and 3) requiring surgical intervention exceeds the number of cervical cancer cases by a factor of 10 to 50.\(^6\)

Approximately 83\% of cervical cancers occur in resource-constrained populations,\(^4\) with accompanying high mortality rates. Particularly high rates of cervical cancers occur in sub-Saharan Africa, Central and South America, and regions of Southeast Asia.\(^4\) Underprivileged populations, even in countries with functioning screening surveillance, also suffer from higher cervical cancer rates.\(^7\)

Besides cancer of the cervix, 80-90\% of anal and perianal cancers are caused mainly by HPV 16 and also by HPV 18,\(^8,9\) as well as about 50\% of vulvar, vaginal, and penile cancers.\(^10,11\) In addition, about 25\% of oropharyngeal (including up to 50\% of tonsillar) cancers are linked to HPV 16, and occasionally also to HPV 18 and HPV 33 infections.\(^12,13,14\)

Genital warts occur at a similar frequency to CIN 2 and 3 lesions. Approximately 90\% are caused by HPV 6 and HPV 11.\(^15,16\) They rarely become locally invasive and require in these cases extensive surgery.\(^17\) Juvenile laryngeal papillomatosis represents a rare condition, mainly caused by HPV 11 and HPV 6, which exceptionally may convert into carcinomas of the larynx, bronchi or even the oesophagus.\(^18,19\)

**Efficacy of screening**

Introduction of screening programmes reduced the rate of cervical cancer by 60 to 90\% within three years of implementation.\(^3,20\) However, imperfect sensitivity of cytology testing is estimated to be responsible for up to 30\% of all cervical cancers in the United States.\(^3,21\) Even
under conditions of optimal screening, an incidence of two to three cervical cancer cases per 100,000 women can be expected. Screening results provide an indication for surgical intervention for advanced precursor lesions.

**HPV transmission and natural history of cervical and other HPV-related malignancies**

Fifty to 60% of squamous cell carcinomas of the cervix are caused by HPV 16 infections, 15 to 20% by HPV 18. Adenocarcinomas of the cervix reveal a slightly different pattern. Although HPV 16 appears to account for 40% of these cases, HPV 18 occurs here at higher frequency (about 30% of all cases). About 15 of more than 40 HPV types infecting the anogenital tract are considered high-risk types. Most HPV infections – even high-risk types – are transient and are cleared by the host’s immune system within one or two years. Close to 10% of high-risk infections persist. These pose a risk that the carrier may develop cervical cancer, usually after 15 to 25 years. The long transition period from primary infection to invasive cancer reflects the requirement for additional mutational changes of HPV DNA-carrying cells within the host cell genome, affecting specific signalling cascades.

Anogenital HPV infections are commonly transmitted by vaginal (or anal) intercourse. More than one half of sexually active women become infected within a 10-year period following the onset of sexual activity. Oral-genital contacts are the likely route of oral lesions caused by anogenital HPV.

**Protection by condom use**

The use of condoms protects against the transmission of high risk types of HPV at best only partially, because lesions appear at places not completely protected by condoms.

**HPV incidence and prevalence**

HPV is the most common sexually transmitted infection globally, with regional variation even in regions with close proximity and common ancestry. This seems to reflect differences in sexual and cultural habits. In the US, it has been estimated that approximately 15% of the population is currently infected by all identified types of anogenital HPV. Most of these infections occur in the 15 to 25 age group. It has been calculated that up to 80% of women will become infected by the age of 50.

**HPV vaccination**

Two vaccines are presently available: one vaccine inducing strong immunological reactivity against HPV types 6, 11, 16, and 18 (Gardasil®, Merck) and a second one covering the HPV types 16 and 18 (Cervarix®, GlaxoSmithKline). Both are presently licensed and available in many countries.

The present availability of a vaccine, covering the most prevalent high-risk types of human papillomaviruses (HPV 16 and 18), as well as the HPV types mainly responsible for anogenital warts (HPV 6 and 11), promises to prevent a substantial proportion of cervical cancers (~70% globally) as well as the respective precursor lesions and anogenital warts.
High-grade cervical intraepithelial neoplasias (CIN) are considered as essential precursor lesions of cervical cancer. This is further supported by screening data which show that detection and removal of these lesions substantially reduce cervical cancer risks and mortality. Thus, CIN 2/3 are accepted as intermediate disease endpoints to determine the efficacy of anogenital HPV vaccines. The available studies demonstrated more than 90% efficacy in the prevention of persistent HPV infections covered by the vaccine in previously uninfected women who did not violate the study protocol, and also of CIN2/3 for a period of up to 6 years. This also accounted for external genital lesions. The data available are less convincing for previously not HPV-tested female populations. In vaccinations of women with evidence of current or past HPV infection there was no clear-cut evidence for protection from subsequent disease.

Reports on safety of the vaccine reported as most common side effects erythema, pain and swelling at the injection site. Other adverse experiences, like fever, headache, and nausea occurred at similar frequency in placebo-vaccinated recipients. A recent report suggests that additional side effects may involve collapsing and fainting, tingling, numbness and loss of sensation in fingers and limbs, even seizures, and rare cases of Guillain-Barré syndrome (http://mailcontent.pharmalive.com/cc.asp?b5). The frequency of the last does not seem to exceed their occurrence in non-vaccinated populations. Reports of these complications require, however, further surveillance studies.

Age groups for vaccination

Vaccination will be most efficient if done prior to the onset of sexual activity. This resulted initially in the proposal to vaccinate girls aged 9 to 15. Clearly, however, even women in older age groups, if not previously engaged in sexual intercourse, will profit from vaccination. Since the risk for anogenital HPV infections increases with the number of sexual partners, women within these age groups who have been sexually active before may decide on vaccination based on their personal sexual history.

The onset of sexual activity depends on cultural and regional habits. Thus, decisions on the optimal age for vaccination will require a consideration of these differences.

Duration of protection

A three-shot vaccination protocol results in high antibody titres that persist for at least five years and exceed the titres observed in natural infection with anogenital HPV types, even after regression of the respective lesions. During this period the vaccinated women were protected against persistent infections and CIN lesions caused by the types present in the vaccine. In view of the limited observation time, it is difficult at present to predict whether or when booster vaccinations may be required.
Male vaccination

Data on the efficacy and immunogenicity of Gardasil in boys aged 9 to 15 are supposed to become available in 2007. Their outcome should indicate whether there exist gender differences in the immune response to HPV vaccines.

At present, some arguments favour the inclusion of boys or young male adults in vaccination protocols:

- Anogenital warts are as frequent in males as in females
- Anal and perianal cancers, about 25% of head and neck cancers, and about 50% of penile cancers are etiologically linked to anogenital HPV infections (mainly HPV16)
- The vaccination of males prevents the transmission of the respective HPV types to their female (or male) partners

Inclusion of males would, however, increase the costs of the vaccination programme. In addition, mathematical modelling indicates that where there is high vaccination coverage of women, the benefit of vaccinating males is small.

Screening recommendations, advice for under-screened populations

Screening for cervical cancer and its precursor lesions will remain important in spite of the availability and application of HPV vaccines. The current vaccines cover HPV types responsible for approximately 70% of the global cervical cancer incidence. In view of some cross-protection of HPV16 vaccine also against HPV 31 and of HPV 18 vaccine against HPV 45, the rate of protection may go up close to 80%. Screening for additional HPV infections remains important. The discussion on type replacement after effectively preventing HPV 16 and 18 infections finds little scientific support at present. In longitudinal studies, other high-risk HPV types require much longer time periods for malignant conversion than HPV types 16 and 18. Other factors underlining the importance of continued screening are the degree of vaccination coverage of the population at risk, the duration of protection, and the future inclusion of additional anogenital HPV types in the preventive vaccine.

In populations where effective screening programmes are not available, early vaccination prior to the onset of sexual activity will be of primary importance. A reduction of the high costs for vaccination will be an additional mandatory factor here.
UICC will concentrate on

- global efforts in education of health professionals, politicians, local communities, teachers and schools to create an awareness of the importance of HPV infections and their consequences and to teach the possibilities of cancer prevention by vaccination and screening programmes. This requires, in particular, the setting up of teams in high-risk areas of cervical cancer (sub-Saharan Africa, Southeast Asia, Central and South America)

- information of all adolescents on possibilities of prevention of HPV-linked human cancers

- initiation of acceptability studies for vaccines based on cultural and regional habits and on differences in the sexual debut of the female and male population. This requires the support of epidemiological studies covering these aspects

- mobilization of local, regional, national and international UICC member and advocacy organizations to lobby governments in support of vaccination and screening programmes

- support of all efforts to establish an affordable and effective HPV vaccine acceptable for resource-constrained countries. In particular encouragement of pharmaceutical companies to develop a next generation of vaccines, economically applicable to resource-constrained countries in the greatest need. Emphasis on vaccines not requiring cold chains or invasive application.

- encouragement of companies to develop effective, affordable and easy to handle kits for HPV testing which could partially replace cytological screening

- encourage visual inspection (VIA) and cryotherapy as an affordable and accessible intervention in resource constrained settings

- mobilization of financial/human/technical resources through partnerships with NGOs and governmental agencies

- development of the infrastructure for an effective vaccination of children in selected target groups

- identification of specific target countries for a vaccination programme with UICC participation – only useful in case of availability of funds or support by the local government or NGOs.
Carga del virus de papiloma humano VPH ADN 16 ó 18 en mujeres con y sin cáncer cérvico-uterino por región en el mundo

Cartas de miembros de la UICC

A. ÁFRICA

Burundi
Alliance Burundaise contre le cancer - - - - - - - - - - - - A2
Congo Republica Democratica - - - - - - - - - - - - - A3

Etiopía
Mathiwo Wondu YeEthiopia Cancer Society - - - - - - - - - - - - A4

Niger
Tous unis contre le cancer - - - - - - - - - - - - - - A5

Nigeria
Lagos State Government Ministry of Health / Care Organisation
Public enlightenment (COPE) - - - - - - - - - - - - - - - - A7
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Túnez
Association Tunisienne de lutte contre le cancer - - - - - - - - - - - - A10

Uganda
Uganda Women’s Cancer Support Organisation - - - - - - - - - - - - A11
Burundi, Mai 2008

Lettre de soutien pour le dossier de l'IUCC

À l’attention de l’Union Internationale Contre le Cancer – IUCC

Nous soutenons l’effort de mobilisation de l’IUCC au niveau mondial et local en faveur d’une prévention organisée contre le cancer du col de l’utérus. Cette lettre témoigne de notre engagement dans l’effort pour éliminer le cancer du col dans le monde et donner accès à des stratégies de prévention efficaces et abordables aux femmes qui en ont le plus besoin.

Le cancer du col est la deuxième cause de mortalité par cancer pour les femmes du monde entier. Pour les femmes des pays en voie de développement, c’est le cancer le plus meurtrier. Pratiquement tous les cas de cancer du col sont dus à une infection par le virus Papilloma humain (HPV), l’infection des organes génitaux la plus fréquente.

Dans les pays industrialisés, l’extension des dépistages et les traitements des lésions précancéreuses a contribué à une baisse spectaculaire des taux de cancer du col de l’utérus durant les soixante dernières années. Cela contrastait avec la situation des pays en voie de développement qui sont lourdement touchés par 65% des cas de cancer du col et où les taux continuent d’augmenter, alors que la majeure partie des femmes de ces régions ne sont jamais ni dépistées ni traitées.

Après évaluation du potentiel préventif des nouveaux vaccins contre le cancer du col, la Déclaration Mondiale Contre le Cancer réclame des programmes de vaccination contre le HPV pour les pays à faibles et moyens revenus. Elle réclame également des mesures spécifiques pour réduire les coûts, former les professionnels de la santé, et informer la population.

Néanmoins, il est clair que les programmes de vaccination doivent être développés en fonction de ce qui est abordable, réalisable et culturellement acceptable dans chaque pays, de plus, la vaccination ne se substitue pas au dépistage.

Le cancer du col de l’utérus n’est pas une fatalité et les nouvelles technologies fournissent désormais les moyens nécessaires pour modifier le cours de ces cancers. Aujourd’hui, la vaccination des jeunes filles contre le HPV permet d’éviter les conséquences d’infections futures et de sauver bon nombre de vies durant les décennies à venir. De plus, une adaptation des méthodes de dépistage peut faire du dépistage une réalité, même dans les pays les plus défavorisés.

Nous souhaitons votre engagement auprès des gouvernements et des autres institutions pour faire de la prévention contre le cancer du col de l’utérus une réalité.

DR NARARIYO Rosa Paula, Présidente
Alliance Burundaise Contre le Cancer – ABCC
Congo République Democratica
Agir ensemble

AGIR ENSEMBLE, ONG
Promotion de la Santé Publique et Développement
Email: agirenum@yahoo.fr ou ensemble@yahoo.fr
Tel : 00243 998625635 et 00243 998787682
REPUBLICQUE DEMOCRATIQUE DU CONGO
COMANORD KIVU

member organisation

No/Ref 005/DM/SE/AB/08
Goma, le 20 Janvier 2009

Objet: Soutien du dossier de vaccination Anti-HPV de l’UIUC.

A Monsieur le responsable de « Cervical Cancer Prevention » au sein de l’UIUC à Genève,

Nous avons l’honneur d’approcher votre bienveillante attention pour l’objet identifié en marbre.

En effet, au lendemain de la mort de Mississie, nous vous annonçons notre soutien au programme de prévention du cancer du col utérin par le vaccin anti-HPV chez les jeunes filles.

Le cancer constitue un problème majeur de santé publique à travers le monde. Il est la 2e cause de décès dans le monde. Seul après la cancer du sein et elle plus de la BIBA, la Tuberculose, la Malaria. Il est devenu une problématique mondiale.

Le cancer du col utérin est le premier des cancers les plus fréquents et occupe la 2e rang des causes de décès par cancer et pourtant facilement évitable si les femmes constituent le groupe à risque adhèrent au programme de vaccination et de dépistage précoces.

Nous souhaitons que ce vaccin soit accessible même à la population la plus pauvre en par le canal des programmes régionaux de vaccination des différents pays.

Veuillez agréer, Monsieur, l’expression de nos sentiments distingués.

Pour AGIR ENSEMBLE/UICC-DRC,

Alphonse KAVWIRWA, Président du CA 
Dr Malasem KAMBALE SAHANI, Health Dpt

Devis: Action Unité Progrès
Ap鞥es ensemble pour notre progrès.
Etiopia
Mathiows Wondu YeEthiopia Cancer Society

Isabel Mortara
Executive Director
International Union against Cancer
Geneva

Dear Isabel,

A very warm greeting from all of us at Mathiows Wondu-YeEthiopia cancer Society. Ethiopia, with a population of approximately 85 million is serving its people with meager resources and insufficient health care delivery infrastructures. The allocation of budget for health sector from national budget is about 7%, which apparently is one USD per person.

Coverage of basic health services and infrastructure in Ethiopia is extremely low. Only about 51.6 percent of the population has access to health facilities. Insufficient availability of essential drugs, inadequate health facilities and equipment and lack of trained medical personnel are major problems of the country.

(Source: MOH, Report)

In most of the Sub-Saharan countries, cervix, breast, head and neck cancers are the most prevalent ones. Cervical cancer mostly affects young Ethiopian women with mean age 40 years (Black Lion Hospital, Radiotherapy Center).

This is some of the talking points to be considered in UICC Dossier.

* We understand that the International Union Against Cancer - UICC is gathering evidence of global and country-level support for improved cervical cancer prevention.
* Cervical cancer is preventable and new screening and vaccination technologies provide us an unprecedented opportunity to make a difference. Cervix cancer is thus something we ought to do something about.
* This letter shows our commitment to the global effort to eliminate cervical cancer worldwide and provide girls and women who need it most with affordable and effective prevention strategies.
* Cervical cancer is the second largest cause of death from cancer in women worldwide.
* 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.
* 85% of cervical cancer occurs in developing countries, where the majority of women never have a check-up and when rates from cervical cancer continue to rise. According to the information received from the Black Lion Hospital, radiation department, the main cancer treating hospital in Ethiopia, women make more than 70% of the total cancer patients, among which cervix cancer makes 33%.
• Where local resources are scarce, the death toll of women from cervical cancer can generate additional pressures and tear the fabric of the family apart. In many places, these women are the only caretakers of children already impacted by HIV and other diseases.
• 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 each country and that vaccination is not a substitute for screening.
• Improved screening methods and HPV vaccine could make efficient cervical cancer control a reality, even in the most remote settings.
• HPV vaccines given to young girls now can prevent future infections and save numbers of lives for decades to come.
• Significant reduction in the costs of HPV vaccines and new screening technologies, along with increased access to these, are paramount in preventing cervical cancer in resource-constrained settings.
• We believe in partnerships with the global community to make appropriate and effective technologies available to the girls and women who need them most.
• Present national burden of cervical cancer in our country, the burden on communities and the health system.
• New tools such as vaccines and improved screening and treatment now provide us with the means to complete our commitment to end this disease.
• We realize the potential for new multi-sector partnerships between cancer, sexual and reproductive health, immunization, education, youth and HIV professionals in effectively addressing this issue.
• We understand the challenges of improving vaccination and screening in our country.
• We share in your commitment to work with governments and other sectors to make cervical cancer prevention work.
• We hope that the WHO will continue to do its part in making these vaccines and screening tools appropriately accessible in our country as quickly as possible.

Therefore, this is to kindly request you to consider the above mentioned calling points we raised, the overall objective of which will be to enhance the awareness of governments and all concerned organizations like WHO, of cervical cancer and its treatment possibilities, believed to be very effective in reducing the overall cancer burden. We look forward to hearing from you soon. We appreciate in advance your kind collaboration, concern and support in this matter.

Sincerely yours,

Wonda Bekele
General Manager
Mathiwo Wondu - YeEthiopia Cancer society
P.O.Box 80571
Ethiopia
Tel 0911-222272
Website: www.mathiowondu.org

P. O. Box 80571
Addis Ababa
Ethiopia
Niger
Tous unis contre le cancer

Niamey le 26 Mai 2008
À L’ATTENTION DE L’UNION INTERNATIONALE
CONTRE LE CANCER – UICC

Nous soutenons l’effort de mobilisation de l’UICC au niveau mondial et local en faveur d’une prévention organisée contre le cancer du col de l’utérus. Cette lettre témoigne de notre engagement dans l’effort pour éliminer le cancer du col dans le monde et donner accès à des stratégies de prévention efficaces et abordables aux femmes qui en ont le plus besoin.

Le cancer du col est la deuxième cause de mortalité par cancer pour les femmes du monde entier. Pour les femmes des pays en voie de développement, c’est le cancer le plus meurtrier. Pratiquement tous les cas de cancer du col sont dus à une infection par le virus Papilloma Humain (HPV), l’infection des organes génitaux la plus fréquente.

Dans les pays industrialisés, l’extension des dépistages et les traitements des lésions précancéreuses a contribué à une baisse spectaculaire des taux de cancer du col de l’utérus durant les soixante dernières années. Cela contraste avec la situation des pays en voie de développement qui sont lourdement touchés par 85% des cas de cancer du col et où les taux continuent d’augmenter, alors que la majeure partie des femmes de ces régions ne sont jamais ni dépistées ni traitées.
Après évaluation du potentiel préventif des nouveaux vaccins contre le cancer du col, la Déclaration Mondiale Contre le Cancer réclame des programmes de vaccination contre le HPV pour les pays à faibles et moyens revenus. Elle réclame également des mesures spécifiques pour réduire les coûts, former les professionnels de la santé, et informer la population.

Néanmoins, il est clair que les programmes de vaccination doivent être développés en fonction de ce qui est abordable, réalisable et culturellement acceptable dans chaque pays, de plus, la vaccination ne se substitue pas au dépistage.

Le cancer du col de l’utérus n’est pas une fatalité et les nouvelles technologies fournissent désormais les moyens nécessaires pour modifier le cours de ces cancers. Aujourd’hui, la vaccination des jeunes filles contre le HPV permet d’éviter les conséquences d’infestations futures et de sauver bon nombre de vies durant les décennies à venir. De plus, une adaptation des méthodes de dépistage peut faire du dépistage une réalité, même dans les pays les plus défavorisés.

Nous soutenons votre engagement auprès des gouvernements et des autres institutions pour faire de la prévention contre le cancer du col de l’utérus une réalité.

Dr Djermakoye Jackou Hadiza
Présidente de l’Ong « Tous Unis Contre le Cancer »
NIGER
cancerniger@yahoo.fr
Nigeria
Lagos State Government Ministry of Health / Care Organisation Public enlightenment (COPE)

LAGOS STATE GOVERNMENT
MINISTRY OF HEALTH

Block 4
The Secretariat,
Alabafo, Agege.
P.M.B 21007, Ikeja.

Ref. No.:

Date: 2nd June, 2008

THE EXECUTIVE DIRECTOR
CEVICAL CANCER INITIATIVE
INTERNATIONAL UNION AGAINST CANCER (UICC)
62, ROUTE DE FRONTENEX, 1207, GENEVA,
SWITZERLAND.

RE: LETTER IN SUPPORT OF UICC DOSSIER

One of the objectives of the Lagos State Government is to guarantee the health of the entire citizenry of Lagos State. It was in realization of the above, that the Executive Governor of Lagos State, Mr. Babatunde Raji Fashola decided to include in the basket of the health prevention and promotion plans, the screening for cancers. These include breast, prostate, and cervical cancers.

In view of the above, I wish to express the full support of the present administration of the state, to the comprehensive cervical cancer prevention.

As we all do know, Cervical cancer is one of the commonest cancers in women worldwide and especially in the developing countries. Its high prevalence in Nigeria can be linked to the fact that there is no effective screening and awareness program for cervical cancer.

In Lagos State, free screening programs for breast and prostate cancers have been carried out. Plans are however on the way for the take off of the cervical screening and awareness program. The State Ministry of Health is willing to embark on comprehensive screening for cervical cancer using visual inspection techniques, treatment, vaccination and public enlightenment.
We expect that our participation will go a long way in increasing the impact of your advocacy and consequent improved cervical cancer prevention.

Very best regards,

Dr. Jide Idris
Honorable Commissioner for Health
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 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 urge your commitment to work with governments and other sectors to make cervical cancer prevention work.

Sincerely,
Clement Adebamowo
President
Túnez
Association Tunisienne de lutte contre le cancer

ASSOCIATION TUNISIENNE DE LUTTE CONTRE LE CANCER

Mme Isabel Merlana
Executive Director ULCC

Objet : Lettre de Soutien pour le dossier de l'IICC en faveur d’une Prévénion organisée
Contre le Cancer du Col de l’Utérus

Madame,

Nous tenons à vous joindre à la mobilisation que vous souhaitez concernant la Prévénion du
Cancer du Col de l’Utérus. L’Association Tunisienne de Lutte Contre le Cancer Membre de
l’IICC depuis sa création en 1987 a fait de cet objectif son cheval de bataille. Le cancer du
Col de l’Utérus est le 2ème cancer chez la femme tunisienne 8% des cancers. Déjà le départ
l’IICC s’est vexe sur la sensibilisation à promouvoir le dépistage par écouvillon utérin,
gestes peu costaux et efficace pour aider à réduire la découverte de stades avancés.

Nous sentons toute l’importance de ce geste dans les stratégies de prévention pour un cancer
féminin d’autant que notre pays dispose d’infrastructure assurant le suivi des femmes dans les
différentes régions de notre pays. Mais nous constatons par ailleurs que beaucoup de ces
cancers auraient pu être évités par la vaccination des femmes qui en ont le plus besoin.

Nous sommes convaincus qu’une réduction substantielle des prix des vaccins contre le
HPV et des technologies de dépistages adaptés permettraient la réduction de ces
cancers et par le fait même allégerait l’assiette des dépenses de santé concernant le
traitement de cette forme de cancer.

Nous souhaitons vivement que l’Organisation Mondiale de la Santé continue à jouer son rôle
pour obtenir l’accessibilité de la vaccination pour une eradication de cette forme de cancer,
comme elle l’a fait pour d’autres pathologies.

C’est pourquoi nous soutenons cette action d’envergure entreprise par l’IICC auprès
des instances qui peuvent faire de la Prévénion du Cancer du Col de l’Utérus une
réalité avec à la portée de tous les pays en voie de développement.

Professeur Farhat Ben Ayed
Et Comité ATCC
August 19th, 2008

To the International Union Against Cancer (IUCC),

We understand that IUCC 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 to those who need it most, with affordable and effective prevention strategies.

Cervical cancer is the second largest cause of death in women worldwide. For women in developing countries, it is the biggest 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 has 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.

In a recent study (2007) at Mulago Hospital (Uganda), cervical cancer was the leading cause of gynaecological death accounting for over 70% of deaths. By the time of diagnosis up to 90% of cases are untreated with a five year survival rate of 15%. This comes as a result of low levels of awareness about the disease and no access to detection and screening services, diagnostic and treatment facilities.

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 can prevent future infections and save lives for decades to come. Furthermore, improved screening methods could make efficient screening a reality, even in the most remote areas.

We share your commitment to work with governments and other sectors to make cervical cancer a preventable cause.

Yours,

Geoffrey Kajugurin
Public, Relations & Advocacy Officer
Uganda Women’s Cancer Support Organisation (UWOCASO)
UGANDA
B. AUSTRALASIA/ ASIA

Australia
The Cancer Council - Australia - - - - - - - - - - - - - - - - - - - - - B2
The Cancer Council - Queensland - - - - - - - - - - - - - - - - - - - - - B3
The Cancer Council - South Australia - - - - - - - - - - - - - - - - - - - - - B4
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Bangladesh
Bangladesh Cancer Society - - - - - - - - - - - - - - - - - - - - - - B6

India
Cancer Institute (W.I.A) - - - - - - - - - - - - - - - - - - - - - - B8
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Indonesia
Indonesian Cancer Foundation - - - - - - - - - - - - - - - - - - - - - B12

Malaysia
Breast Cancer Welfare Association - - - - - - - - - - - - - - - - - - - - B13

Pakistán
Shaukat Khanum Memorial Cancer Hospital & Research Centre - - - - - - - - - B14

Taiwán
HOPE society for cancer care - - - - - - - - - - - - - - - - - - - - - B16

Vietnam
Ho Chi Mihn Oncology Hospital - - - - - - - - - - - - - - - - - - - - - B17
Cervical Cancer Initiative
International Union Against Cancer (UICC)
62 route de Frontenex, 1207 Geneva, Switzerland

Re: Cancer Council Australia commitment to cervical cancer control

To the Secretariat of the UICC Cervical Cancer Initiative,

I write to express Cancer Council Queensland’s full support for the global effort to reduce cervical cancer burden worldwide by providing girls and women at highest risk with affordable and effective prevention strategies.

As committed UIIC members, we are well aware that cervical cancer is the second-biggest cause of cancer death in women globally, in large part because screening programs are unavailable in many developing countries. Improved screening methods and HPV tests could make efficient screening a reality, even in the most remote settings. HPV vaccines given to young girls now can prevent future infections and save numbers of lives for decades to come.

We fully support reduced inequities in cervical cancer outcomes globally, just as we do domestically. Australia has one of the world’s lowest cervical cancer mortality rates, due largely to the effectiveness of our population-based screening program.

The World Cancer Declaration calls for HPV vaccination programs in low and middle-income countries where the burden of cervical cancer is high, calling for action to reduce costs and provide public and professional education, public policy and research. We recognise that vaccination programs need to be based on what is affordable, feasible and culturally acceptable in each country and that vaccination is not a substitute for screening.

Significant reduction in the cost of HPV vaccines and new screening technologies is essential to preventing cervical cancer in countries with very limited resources.

Cancer Council Queensland supports partnerships with the global community to make effective cervical cancer prevention technologies available to girls and women who need them.

Yours sincerely,

Prof Jeff Dunn
Chief Executive Officer
Cancer Council Queensland
Cervical Cancer Initiative
International Union Against Cancer (UICC)
82 route de Frontex, 1217 Geneva, Switzerland

To the Secretariat of the UICC Cervical Cancer Initiative

Re: Cancer Council Australia commitment to cervical cancer control

I write to express Cancer Council Australia’s full support for the global effort to reduce cervical cancer burden worldwide by providing girls and women at highest risk with the most affordable, effective prevention strategies.

Australia has one of the world’s lowest cervical cancer mortality rates, due largely to the effectiveness of our population-based screening program. As committed UICC members, we are however well aware that cervical cancer is the second-highest cause of cancer death in women globally, in large part because screening programs are unavailable in many developing countries.

The situation in areas of the developing world is reflected in Australia in our Indigenous communities, where unacceptable inequity in screening access has led to far higher rates of cervical cancer mortality among Aboriginal and Torres Strait Islander women. We fully support reduced inequities in cervical cancer outcomes globally, just as we do domestically.

The global cervical cancer burden is in our view particularly unacceptable in the knowledge that population-based screening and, more recently, vaccines against human papilloma virus infection, could dramatically reduce cervical cancer incidence. (Cancer Council Australia’s President, Professor Ian Frazer, headed the research team that developed the HPV vaccines, so we well understand the potential to control cervical cancer through immunisation.)

In 2005, we urged the Australian Government to examine the potential to prevent cervical cancer as part of a review of its regional aid program. With cervical cancer causing avoidable and premature deaths among women who are essential to the viability of communities in a number of our neighbouring nations, Cancer Council Australia will continue to engage with our government to prioritise cervical cancer prevention as a key regional aid issue.

The World Cancer Declaration calls for HPV vaccination programs 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, policy and research. We recognise that vaccination programs need to be based on what is affordable, feasible and culturally acceptable in each country and that vaccination is not a substitute for screening.

Improved screening methods and HPV tests could make efficient screening a reality, even in the most remote settings. HPV vaccines given to young girls now can prevent future infections and save numbers of lives for decades to come.

Significant reduction in the cost of HPV vaccines and new screening technologies is essential to preventing cervical cancer in countries with very limited resources.

Cancer Council Australia supports partnerships with the global community to make effective cervical cancer prevention technologies available to girls and women who need them most.

Yours faithfully

[Signature]

Professor Ian Olver
Chief Executive Officer

The Cancer Council Australia is a member of the International Union Against Cancer

Australian Cancer Society Inc.
Albion Park NSW 2527
Level 4, Mutual Foundation Building
52 Parramatta Road
Camperdown NSW 2050
Telephone: (02) 9328 3100
Fax: (02) 9328 3101
Email: info@cancer.org.au
Website: www.cancer.org.au
6 May 2005

Cervical Cancer Initiative
International Union Against Cancer (UICC);
27 route de Frontenex, 1207 Geneva
SWITZERLAND

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 wish to show our commitment to the global effort to eliminate cervical cancer worldwide and provide those who read it 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 industrialised countries, expanded screening and treatment have dramatically reduced cervical cancer rates over the last 50 years. However, in developing countries, where the vast majority of women never have a Pap smear, the incidence and death rates from cervical cancer continue to rise.

Recognising the potential of the new HPV vaccines to prevent cervical cancer, The World Cancer Declaration calls for HPV vaccination programs 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 recognise that vaccination programs 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,

MR ROBERTO BRIA, B.ED. FCPA MBA GAICD
Acting Chief Executive
The Cancer Council South Australia
South Australia
13 June 2008

Isabel Mertens
Executive Director
Cervical Cancer Initiative
International Union Against Cancer (UICC)
62 rue de la Paix
1207 Geneva
Switzerland

Re: The Global Cervical Cancer Initiative

The Cancer Council Victoria supports the commitment to the global effort to eliminate cervical cancer worldwide and provide those at greatest risk with affordable and effective vaccination and screening programs.

Cervical cancer is one of the most preventable cancers and yet it is the second largest cause of death in women worldwide.

Prevention interventions have dramatically reduced cervical cancer rates over the last 60 years in industrialized countries. However 85% of cervical cancer cases in developing countries, where the majority of women will never attend screening or access the vaccine.

Almost all cases of cervical cancer can be attributed to an infection with the human papilloma virus (HPV). HPV is so common that it is estimated that 4 out of 5 women will have HPV at some point in their lives. There are vaccines available to prevent infection with HPV that if given to young girls prior to commencement of sexual activity can prevent infections and significantly reduce their risk of cervical cancer.

We strongly support the implementation of HPV vaccination programs in low and middle-income countries where the incidence and mortality due to cervical cancer is unacceptably high.

We acknowledge that vaccination programs should reflect what is affordable, feasible and culturally acceptable in each country and that vaccination is not a substitute for adequate screening.

We join and support the global community to make appropriate and effective technologies available to girls and women most at risk of cervical cancer to reduce the burden and impact of this disease worldwide.

Yours sincerely,

   Davia Hill

David Hill AM, PhD
Director
The Cancer Council Victoria
Cervical Cancer Control Program of Bangladesh Cancer Society

1. Professor Dr. Latifa Shameema
2. Professor Dr. M. A. Majed
3. Professor Dr. Md. Abul 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, 1997). 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 22-25% 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 non-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 22-25% of the genital tract cancer. It constitute 1/4th of female Cancer.

We have prepared a small book let in our own simple language so that the people can understand in 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 classical 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 with gynecological exam table, light, camera and monitor.
3. Follow-up to prevent dropout, financial support needed for poor patient.
4. Central pathological laboratory may be developed in Bangladesh Cancer Society.
5. A modern Colposcope with its auxiliary aids, specially teaching aids.
6. Cervical cancer control center of Bangladesh Cancer Society will co-ordinate the cervical cancer screening program.

Prof. Dr. Latifa Shamshuddin
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 (Rtd.)
BSSMMU (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
Dean, Faculty of Medicine, Dhaka University
President, Bangladesh Medical Association
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, Khawaja Yunus Ali Medical College Hospital
Member, European Society for Medical Oncology (ESMO)
Member, American Society of Clinical Oncology (ASCO)
Former Director & Professor of Radiation Oncology
National Institute of Cancer & Research Hospital
Former Director, Ahsania Mission Cancer Hospital
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.
Gujarat Cancer & Research Institute

A joint venture of Govt. of Gujarat & Gujarat Cancer Society

THE GUJARAT CANCER & RESEARCH INSTITUTE
(M. P. Shah Cancer Hospital)

REGIONAL CANCER CENTRE

June 12, 2008

To,
The International Union Against Cancer

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 an important women’s health problem, especially in developing countries, where an estimated 1,30,000 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 486,000 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.
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We share your commitment to work with governments and other sectors to make cervical cancer prevention work.

K.A. Dinshaw.
Indonesia
Indonesian Cancer Foundation

YAYASAN KANKER INDONESIA
PENGURUS PUSAT

No. : K04/2008
Re : Letter in Support of UICC Dossier

Jakarta, 29 May 2008

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

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

Mrs. Minang Anjir M. Sitorus
President of the Indonesian Cancer Foundation
Malaysia
Breast Cancer Welfare Association

16 May 2008

To the International Union Against Cancer (UICC),

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

With regards,

Ranjit Kaur
President, Breast Cancer Welfare Association
Malaysia
Support cervical cancer prevention

PRKANST
Shaukat Khanum Memorial Cancer Hospital & Research Centre

To The International Union Against Cancer (IUCC)

We appreciate the efforts of IUCC 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 496,000 newly diagnosed cases, 1.4 million prevalent cases and 278,000 deaths worldwide in the year 2002. Of these, more than 50% 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 processes.

These are the efficiency and effectiveness of visual inspection after acetic acid application (VIA) screening and visual inspection with Lugol's iodine (VILI) is proving 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

The Engagement Under Clause 6 (XXXI) of the 2nd Schedule to the Income Tax Ordinance, 2001
HPV testing will provide an objective method of identifying and involving limited resources on women at risk for disease but unable yet to get repeated screening checks. However, due to costs involved in screening HPV tests (20-30% less) in addition to appropriate laboratory facilities, it is difficult to institute this in the developing countries without global help.

It is a fact that knowledge should be the basis for action. Hence education of the public at large regarding the fact that cervical cancer is caused by genital infection with HPV and can be prevented, is essential for informed decision and full participation of public. More importantly, there is a need for age group targeted interventions and specific policies to eliminate inequalities.

There is a need for evidence based information regarding new tools and technologies which should be provided by the media in the transparent manner emphasizing the need for both screening and vaccination.

We see a bright future for cervical cancer prevention in developing world with promising results of HPV vaccines which are the first vaccines presented as anticancer immunization and we hope that WHO will continue to do its part in making these vaccines and screening tools accessible in our country as quickly as possible.

The opportunity for a holistic approach to cervical cancer prevention and control is now at hand and the Shaukat Khanum Cancer Hospital and research center is committed to join the global effort to prevent and fight against cervical cancer.

Dr. Uzma Nadeem Majeed
Consultant Radiation Oncologist,
Shaukat Khanum Cancer Hospital and Research Center,
Lahore, PAKISTAN.
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We share your commitment to work with governments and other sectors to make cervical cancer prevention work.

Signed,

Jerry Wang
Board of Director
HOPE Society for Cancer Care
Taiwan, R.O.C.
Vietnam
Ho Chi Mihn Oncology Hospital

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Signed,
DANG HUY QUOC THINH
Vice Director
HCM City Oncology Hospital
Viet Nam
Support cervical cancer prevention