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Editorial

Carcinoma Cervix: Can it be Eliminated by 2030?

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Cervical cancer is a public health problem and decreases the quality of life. Cervical cancer is one of the most common cancers in females, it is the fourth most common after breast, colorectal, and lung cancer [1]. Cervical cancer is the second most common cancer in India among women between 15 and 44 years of age. HPV infection if not treated can lead to CA cervix. So specific peak age is less than 25 years. It suggests that infection spread through sexual activity [2]. The other risk factors are early onset of sexual activity, multiple sexual partners, cigarette smoking, low socio economic status and malnourished and poor hygiene.

Clinical assessment is the gold standard for CA cervix staging. CA cervix is staging includes tumour diameter, stroma, vaginal infiltration, extension to parametrium and staging is necessary before planning for treatment.

Persistent HPV infection means presence of same type of specific DNA on repeated sample after one year.

Effective screening and preventive programmes in developed countries resulted in 75% decrease in incidence and mortality rate [3]. PAP smear is the most common screening method performed all over the world. It has to be done for the women who are sexually active. And annual screening is a must, if it is negative they can repeat in once in a year, if it is abnormal report then they have to repeat after 3 months and then confirm with other methods such as:

- PAP smear alone-high specificity.
- Primary HPV testing alone-high sensitivity.
- PAP smear+ HPV-cotest, high sensitivity and high specificity.
- Reflex HPV test-primary test is PAP smear followed by HPV test.
- Visual inspection with acetic acid, visual inspection with lugol's iodine.

Usually, patients present with post coital bleeding, inter menstrual bleeding and then foul smell discharge. On examination, there maybe cauliflower growth which bleeds on touch.

HPV vaccination was launched in 2006. From the age of 9 years for both males and females 3 prophylactic HPV vaccines are available against precancer lesions. A bivalent vaccine is for against HPV 16 and HPV 18; a quadrivalent vaccine is for against HPV 6 and HPV 11 as well as HPV 16 and HPV 18; and a nonavalent vaccine is against HPV types 31, 33, 45, 52 and 58 along with HPV 6, 11, 16, and 18.

Normally, for 9 - 14 years, two doses is enough. 2nd dose is after 6 months of 1st dose. Only if the person is above 15 years or immunocompromised 3 doses is recommended.

Primary prevention are sex education, avoid child marriage, restraining from early sexual activity and HPV vaccination.

Secondary prevention: Screening is a primary method for diagnosing of CA cervix. HPV vaccination protects from HPV infection which would have further led to cervical neoplasia. Screening aims to diagnose cervical lesions such as high-grade CIN and adenocarcinoma *in-situ* early and effectively treat them to prevent invasive cancer and decrease cervical cancer mortality rates.

Screening tests and screening intervals and screening methods to reach target women (aged 25 - 45). Management of screening positive women and their treatment methods (cryotherapy. Thermal ablation, loop electro surgical excision procedure) for CIN lesions [4].

The World Health Organization (WHO) started an initiative to eradicate cervical cancer as a public health problem by implementing the following 90% - 70% - 90% triple pillar intervention:

- By the age of 15 years 90% of girls are fully vaccinated with two doses.
- Among the women between the age of 35 to 45 years 70% of them are screened.
- 90% of women diagnosed with cervical lesions, receive treatment and care.

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