

“ SHIELD YOURSELF: THE ESSENTIAL GUIDE TO PREVENTING CERVICAL CANCER ”



Cervical cancer is the second most common cancer in Indian women. Every year 1,24,000 women are diagnosed with this cancer in the country, mostly in advanced disease stages, such as stage II and stage III. This is when the cure rates are lower than 40% and treatments are radical, time-consuming, inaccessible, and unaffordable for many patients.

Cervical cancer is one of the most preventable cancers in women. Many people do not realise that this cancer is preceded by precancerous changes in the cervix that remain for several years before becoming cancer, and these changes can be readily detectable by screening and effectively treatable by simple daycare treatments.



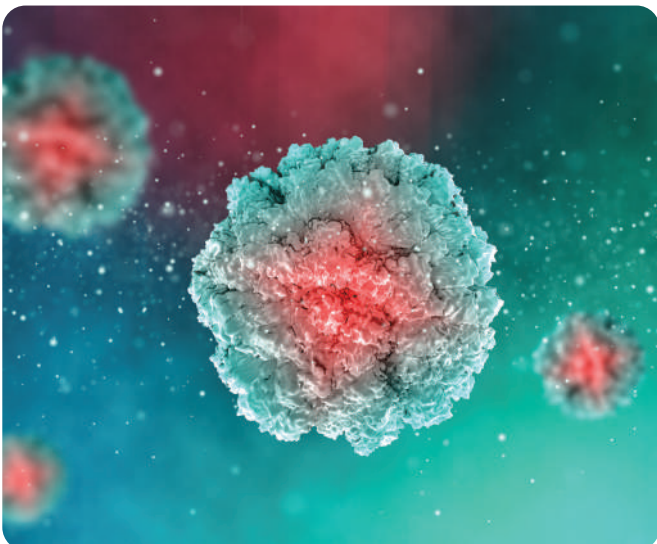
What is HPV? And what happens if left untreated?

Precancerous lesions of cervical cancer are caused by persistent infection of the genital tract by one of the 14 types of cancer-causing **Human Papillomaviruses (HPV)**. HPV is a virus that is commonly spread through sexual contact. It can also be spread through contact with an object that has been contaminated with the virus.

HPV is thought to be responsible for almost all cervical cancers, more than 90% of anal cancers, about 70% of vaginal and vulvar cancers, and 60% of penile cancers. Persistent HPV 16 infection is responsible for causing 70–75% of cervical cancers and persistent HPV 18 infection for 10–15% of cervical cancers in India. The remaining 12 types cause around 10–15% of cervical cancers in India. The above **HPV types can also cause cancers in other organ sites** such as the vagina and vulva in women, penis in men; anus, and certain head and neck cancers in the back of the throat, base of the tongue, and tonsils in both men and women.

Most HPV infections are transient and usually go away on their own in more than 90% of infected people, without treatment, and it persists only in around 10% of the women. The highest frequency of transient infection is observed within three–four years after sexual debut. The immune system usually clears HPV from the body within a year or two with no lasting effects.

When the body's immune system cannot get rid of an HPV infection, it can linger over time and turn normal cells into abnormal precancerous cells and then cancer if left untreated. About 10% of women with HPV infection on their cervix will develop long-lasting HPV infections that put them at risk for cervical cancer. It usually takes 10–20 years for cervical cancer to develop after HPV infection. So, if one can prevent cancer-causing HPV infection in the first place and cervical precancerous changes in the cervical cells, eventually, cervical cancer can be prevented.



Symptoms of cervical cancer include:

It is important to be aware of the signs and symptoms so that you can catch it early.

Abnormal bleeding is the most common symptom of cervical cancer, but it is not the only one. If you have any of the following symptoms, you must consult with a doctor immediately:

- Bleeding between periods
- Bleeding after menopause
- Bleeding after sex
- Bleeding after a pelvic exam

Other symptoms of cervical cancer include:

- Pain during sex
- Pelvic pain
- Abnormal vaginal discharge
- Loss of appetite
- Weight loss
- Fatigue



Early detection of positive outcomes

Early detection can help with prevention and help eliminate cancer as a 'risk' to women. Self-awareness can lead to better cancer care and ensure our health is never a concern. HPV vaccination and screening at appropriate ages can eliminate cervical cancer.



Screening for cervical cancer

Women must be screened every 5–10 years, starting at the age of 30, if HPV testing is used as a method to screen.

HPV DNA testing allows for better risk stratification, identifying women at higher risk for cervical cancer and enabling targeted interventions, including early treatment and close monitoring. Numerous studies and clinical trials have consistently demonstrated the high sensitivity of HPV DNA testing in detecting high-risk HPV infections, particularly those associated with an increased risk of cervical cancer.

Pap smear screening tests should be repeated every three–five years. HPV testing is a more accurate screening test than Pap smear.

After a positive HPV test or Pap smear, a doctor can look for precancerous changes on the cervix that could develop into cervical cancer if left untreated. Treatment of precancerous lesions prevents cervical cancer. Precancers rarely cause symptoms, which is why regular screening is important.

Preventive vaccines for cervical cancer

The protection provided by HPV vaccines lasts a long time. People who received HPV vaccines were followed for about 15 years, and their protection against HPV infection has remained high with no evidence of decline over time, and blood levels of antibodies remain high.

In countries that introduced HPV vaccination in their immunisation schedule, HPV infections, and cervical precancers were found to have significantly dropped upon administering the vaccine. Thus, HPV vaccination has emerged as one of the most promising and effective yet safe cancer prevention methods in recent years.

The currently available HPV vaccines in India such as Cervarix target to prevent HPV 16 and 18, Gardasil4 and CervaVac target to prevent HPV 6 and 11, which cause warts, and HPV 16 and 18 infections, which cause cervical cancer. The other currently available HPV vaccine in India, Gardasil9 targets HPV 6, 11, 16, 18, 31, 33, 45, 52, and 58.

The above vaccines can prevent a vast majority of cervical cancer provided one of the HPV vaccines can be given either as a single dose or two doses at six months apart by intramuscular injection in the upper arm to girls aged 9–20 years before they become sexually active. To be precise, Cervavac, Gardasil4, and Cervarix can prevent 80–85% of cervical cancers whereas Gardasil9 can prevent 90–95% of years cervical cancers in India, provided the recipients are HPV naive Women, ages 21 to 26, may get two doses of the HPV vaccine at an interval of six months if they are not vaccinated already. However, the vaccine efficacy may be lower in these women when compared to those who receive between 9 and 14 years of age. HPV vaccination is most effective when given before a person is exposed to the virus. HIV-infected persons should receive three doses of HPV vaccine at days 1, 30 or 60, and 180 as they are at high risk for HPV infection. Unvaccinated women between the ages of 27 through 45 years may choose to get the HPV vaccine after speaking with their doctor about their risk for new HPV infections and the possible benefits of vaccination in them.

The HPV vaccine, while commonly associated with preventing cervical cancer in women, also protects against several types of cancers in both men and women, such as anal cancer, penile cancer, vaginal and vulvar cancer, and head and neck cancers. Hence, vaccinating against HPV is not just about protecting women from cervical cancer; it is also about protecting boys from their own risk of developing HPV-related cancers.

Given the availability of HPV vaccination, screening, and effective treatments for cervical precancerous lesions, the World Health Organization’s (WHO) call for the elimination of cervix cancer from the globe by covering large populations using these interventions is timely and needs to be acted upon.

To reduce your risk of cervical cancer:

- Get the HPV DNA test (check the eligibility and keep doing the test in the recommended time frame)
- Ask your doctor about the HPV vaccine
- Have routine screening tests
- Practice safe sex
- Quit smoking
- Maintain a healthy lifestyle

About Dr. R. Sankaranarayanan



Dr. Rengaswamy Sankaranarayanan has an MD degree in radiation oncology followed by post-doctoral training in Pittsburgh and Cambridge.

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