



Early Detection of Cervical Cancer

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Cancer of the uterine cervix can be prevented by treatment of precursor lesions and cured if it is detected in its early stages. Although the technology that allows its early detection has been available for several decades, that capability has not been very successfully applied, from a public health perspective, in the countries of Latin America and the Caribbean. The magnitude of this health problem in the Region demands that the situation be reviewed and that the development of programs be addressed anew.

Mortality from cervical cancer has not fallen in the past 30 years in the countries of Latin America and the Caribbean, and the incidence rates are the highest in the world. In spite of the widespread belief that this type of cancer only strikes older women, 60% of the cases of invasive cervical cancer occur in women between 35 and 60 years of age. However, most cervical cytology examinations are performed on women under 30, whose cancer risk is low. The result is that unnecessary treatment is given for many lesions that experience has shown would very probably not progress to malignancy. Thus, screening activities are being directed at a large group of women at very low risk and therefore are not having the desired impact.

One of the most important factors in early detection programs is the rational use of available resources. What is needed is not necessarily to formulate new programs, but rather to give them a more appropriate di-

rection. With the same resources, it is possible to reorient cervical cytology testing toward the age group at highest risk and to establish testing intervals that make the program cost effective. In this way, the primary care services will not be overburdened with new functions and the response capacity of the secondary and tertiary levels will be focused on the women who really need those services.

Another need, in addition to that of rationalizing health services, is to find out what women think of the program and encourage their participation in its various aspects. This effort requires not only extension of coverage but also follow-up of users, programming of diagnostic and treatment activities, and support for those activities. A better understanding of the problem and the response of society as a whole is essential in order to overcome administrative, social, and cultural barriers that currently limit women's access to early detection programs.

The Noncommunicable Diseases Program, Division of Disease Prevention and Control of the Pan American Health Organization, believes that the development of early detection programs for cancer of the uterine cervix is a pivotal activity that will permit a comprehensive approach to the problem of chronic diseases in general and women's health in particular. Cervical cancer is the fourth leading cause of death in women 15–64 years of age in Latin America and the Caribbean. The early detection pro-

gram for this type of cancer offers a specific intervention that has become familiar to women during their contact with the reproductive health services. It is not only a point of entry to improve their access to health services but also represents an opportunity to prevent and manage other health problems, such as cerebrovascular accidents, acute myocardial infarction, and

diabetes mellitus—afflictions which occupy the first three places as causes of death of women in this age group.

In light of all of the above, the emphasis being placed on the early detection of cervical cancer is not merely fortuitous. Rather, such a program is an essential component of a broader strategy aimed at achieving health for all and by all.

Acknowledgment

The Editorial Service would like to thank Dr. Sylvia C. Robles, Regional Adviser, Non-Communicable Diseases Program, Pan American Health Organization, for her fine contribution as the guest editor and technical reviewer of this special issue.