

SPECIAL ARTICLE

WHO's call to eradicate cervical cancer: are we doing what we must?

El llamamiento de la OMS para erradicar el cáncer de cuello de útero: ¿estamos haciendo lo que debemos?

Javier Cortés , **Ana Forteza** 

Dr. Cortés Cytology Laboratory, Palma.

Corresponding author

Javier Cortés

Dr. Cortés Cytology Laboratory, Palma

E-mail: cortes@oce.a.es

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Abstract

Based on the call made by the World Health Organization to achieve the global eradication of cervical cancer, its primary and secondary preventive conditions in application in the Balearic Islands are described and discussed.

Keywords: Cancer, cervix, papilloma, vaccine, screening.

Resumen

A partir del llamamiento realizado por la Organización Mundial de la Salud para conseguir la erradicación mundial del cáncer de cuello de útero, se describen y discuten sus condiciones preventivas primarias y secundarias de aplicación en las Islas Baleares.

Palabras clave: Cáncer, cervix, papiloma, vacuna, *screening*.

In May 2018, the Director General of the World Health Organization (WHO), Tedros A. Ghebreyesus, in an executive agency meeting¹, declared cervical cancer (CC) as the first and only eradicable cancer in our world. He verbatim expressed his desire to assume and fulfill a challenge focused on ensuring that all girls around the world are vaccinated against HPV and that all women over 30 years of age are duly screened for precancerous lesions and, where appropriate, treated.

The deep knowledge of the natural history of CC acquired in recent years, with human papillomavirus infection as the necessary cause of its development², associated with the extremely high efficacy and safety of primary preventive procedures –vaccination against HPV³–, secondary – population screening with the determination of HPV by a validated technique as an initial test⁴– and tertiary – comfortable, feasible and very effective treatment of precancerous lesions, fully identified⁴– they make it possible. In no other cancer do these three circumstances occur, neither in female breast or colorectal cancer, the other two with preventive population application recommended in Public Health policies, two cancers with highly effective and efficient possibilities of secondary prevention^{5,6}.

Are we in this line of preventive work in the Balearic Islands? The answer to this question is not as satisfactory as we would like it to be.

In vaccination against HPV, the active recommendation of the Ministry of Health (MH) of the Government of Spain is to "vaccinate girls aged 12-13 years with two doses of the vaccine, with a separation between doses of 5-6 months, depending on the vaccine used; if vaccination is started from the age of 14 or 15, 3 doses will be administered with a schedule of 0, 1-2, 6 months, depending on the vaccine used"⁷. Disregarding the recommendation of the European Center for Diseases Prevention and Control, collected and assumed by the Spanish Pediatric Association⁸, the MH does not recommend vaccinating children, as similar Ministries in Austria, Croatia, the Czech Republic, Liechtenstein, Belgium, Germany, United Kingdom, France, Italy and Switzerland have already done. It is to be hoped that Spain will soon join this list of countries in our closest environment, recommending from the MH the vaccination of boys against HPV. The objective is to protect them from other causal HPV cancers –oropharyngeal⁹, anal¹⁰–, drastically correct the high prevalence of HPV in men, which is between 50 and 70%¹¹ –more or less double than in women¹²– and also cut off the main source of female contagion, given the long-known nature of a sexually transmitted infection of HPV¹³.

The latest official Spanish information on HPV vaccination reports that the average coverage for Spain is 79% in the second dose¹⁴, with a range that ranges from 91% reached in La Rioja to 75% in Madrid, an average rate that should

be considered as satisfactory¹⁵, but there is no detail on the coverage obtained in the Balearic Islands, neither in Asturias, the Canary Islands or Catalonia. A recent instruction –November 16, 2020– from the Department of Public Health of the Balearic Government (DPH.BG)¹⁶, introduces vaccination with Gardasil9® to all women over 12 years of age and under 27 who have not been vaccinated at the age marked by the official calendar. This document calls for a recruitment / recommendation effort since the coverage of HPV vaccination is detailed as being significantly lower than that of the rest of vaccines administered at the same ages, a very striking fact given the very consistent evidence regarding the high safety, efficacy, effectiveness and efficiency of this vaccine¹⁷.

How is CC screening being applied in the Balearic Islands? On the Balearic Government website¹⁸ there is an update on the secondary prevention programs for female breast and colorectal cancers, but nothing related to CC, which as of the day of writing this article is still opportunistic and cytological based. In the AFRODITA study¹⁹ it was shown that over 30% of Spanish women do not regularly access secondary prevention of CC –Extremadura, Castilla La Mancha, Cantabria and Andalusia present clearly lower figures and the Balearic Islands are in the average–, which also there is a clear neglect of women over 50 years of age, of low socioeconomic status and living in rural areas, and there is a general tendency to over-control women who consult the National Health System. On the other hand, 60% of incident CC are diagnosed in women with a deficient historical schedule of revisions²⁰. These data should definitely invalidate the proposition of opportunistic structures for the screening of CC.

The authors of this work are aware of the work that the Balearic Government is carrying out to adapt the program now in application in the Balearic Islands, opportunistic

and based on cytology, to the most current evidence, which on the other hand and is also collected in the decision of recommendations adopted at the meeting of the Interterritorial Health Council dated November 18, 2018²¹, in which an executive call is made for secondary CC preventive programs to be redirected to the population base with the determination of HPV practiced using a validated technique²² as the main and initial screening test. The reason for this change in the review procedure lies in the unequivocal demonstration that regarding the detection of intraepithelial lesions of the cervix, the objective of the screening programs, the negative and positive predictive values of HPV determination are clearly better than those of cytology^{23,24}, consequently implementing the efficacy, effectiveness and also the efficiency of the program thus executed. Cytology remains an acceptable resource if HPV determination by validated technique is not available.

In short, only with high vaccination coverage against HPV and with the population application of a CC screening program redesigned and well adapted to the most current recommendations, will we be able to attend and be faithful to the call of the WHO and achieve that the next generation of women of our Community are free from the threat of CC. This is our challenge.

Conflict of Interest

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