

HPV Today

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CERVICAL CANCER IN MEXICO AND THE NATION-WIDE APPLICATION OF NEW TECHNOLOGIES FOR ITS CONTROL

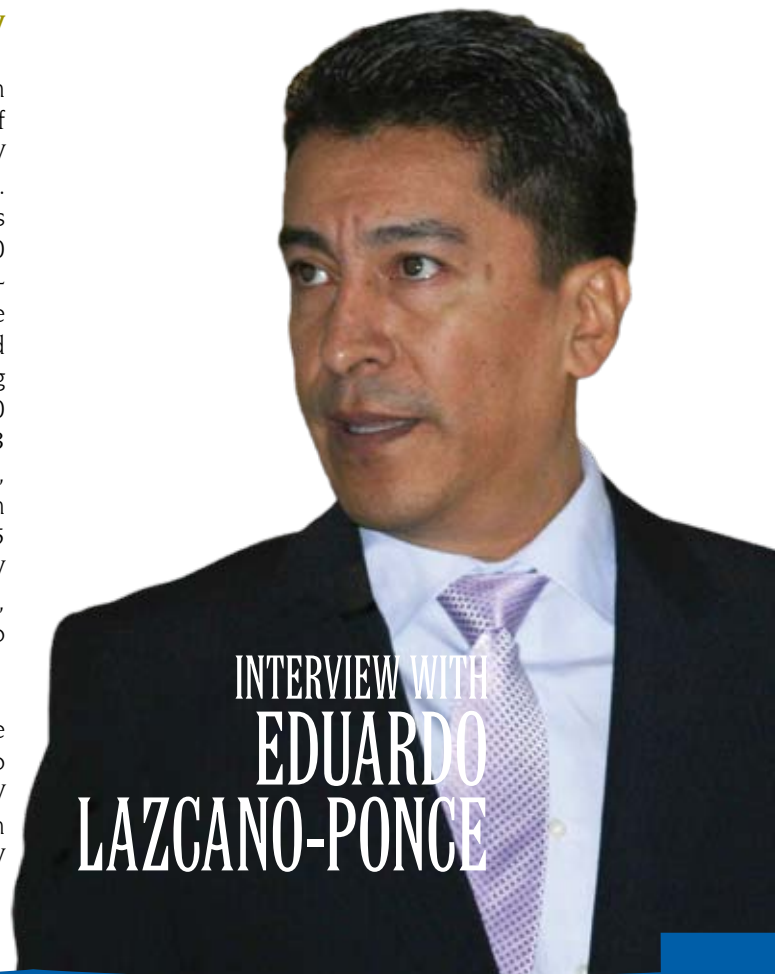
What is the new policy for screening and HPV vaccination in Mexico?

Mexico has adopted an evidence-based public health practice for the equitable prevention and control of cervical cancer (Figure 1), including screening and HPV vaccination for all regions and socio-economic groups. Universal HPV vaccination of 9-10 year-old girls was introduced in 2012 with an extended schedule (0-6-60 months), and Mexico has been a pioneer in negotiating public purchases of the HPV vaccine to minimize costs, thus allowing for significant price reductions and permitting increased coverage. In 2008, HPV testing was first introduced for primary screening in the 150 poorest municipalities. During the last four years, 13 HPV DNA laboratories have been established and, as of today, close to 2.5 million HPV tests have been processed, concentrating mostly on women over 35 years of age. At present, women with positive HPV results are referred for cervical cytology (Pap smear), although studies are being carried out on how to provide the best triage for these women.

What was the scientific basis of the choices?

The Mexican Ministry of Health commissioned the Mexican National Institute of Public Health (INSP) to carry out large demonstration studies to evaluate HPV testing in Mexico. Studies involving 200,000 women have shown that clinician- and self-sampled HPV

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INTERVIEW WITH
**EDUARDO
LAZCANO-PONCE**

SELF-SAMPLED VAGINAL TESTING TO DETERMINE HPV DNA: APPROPRIATE TECHNOLOGY FOR WOMEN WHO DO NOT REGULARLY ATTEND CERVICAL CANCER SCREENING

UPDATE ON THE CAREHPV™ PROJECTS

PROGRESS IN HPV VACCINE INTRODUCTION IN LATIN AMERICA

EDITORIAL

A NEW ERA BEGINS FOR CERVICAL CANCER CONTROL

Latin America has experienced important improvements in socio-economic and health indicators in the last few decades. Between 1960 and 2000, per capita income doubled, life expectancy increased from 57 to 70 years and infant mortality decreased from 97 to 27/1000 children born alive.¹

However, the region, together with sub Saharan Africa, is the most unequal in the world² and the benefits of the improved indicators are only reaching a subset of the population.

In this context, it is no surprise that cervical cancer, that characteristically affects poor women without access to medical care, continues to be one of the leading public health problems in the region. Efforts to control cervical cancer have been largely unsuccessful, in part because the preventive interventions of the past were very limited and complex. Programs based on cytology screening, despite their success in cervical cancer control in high income countries, have been very difficult to implement, in part because of the limitations of the technique (low sensitivity, need for quality control) and in part because of the multiple visits required when the test is positive (screening, colposcopy, treatment), which involve ample coordination between multiple instances within the health system, with the corresponding high cost.

The new options available for primary and secondary prevention offer an excellent opportunity to intervene more effectively. Vaccination of adolescent women promises significant reduction in the burden of disease within several decades, and the new screening methodologies available represent an improvement in multiple aspects of the process. However active and decisive efforts of scientists, activists and the health system are required for their implementation in organized screening programs.

As presented in this issue of HPV Today, multiple research centers in Latin America and many thousands of study participants from the region have participated actively in the generation of the new knowledge about cervical cancer and the development of new preventive methods.

HPV vaccination of young women is advancing rapidly in the region, and organized screening programs based on HPV testing and incorporating innovative strategies, are starting with the leadership of Mexico, Argentina and Colombia.

Many questions remain unanswered, including how to manage HPV positive women and its associated psychosocial issues, but we are at the threshold of a new era where the terrible suffering imposed by cervical cancer on Latin American families will be a thing of the past.

Rolando Herrero

Guest editor

International Agency for
Research on Cancer.
World Health Organization.

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THE PSYCHOLOGICAL AND SOCIAL COSTS OF HPV TESTING IN SCREENING ACTIVITIES

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Primary screening based on the HPV test constitutes an important change in the cervical cancer prevention paradigm. Thus, in addition to its higher effectiveness for detection of precancerous lesions, the test offers women the possibility of collecting the necessary specimens themselves in a simple and painless manner, thereby reducing barriers to screening and promoting women's autonomy in their personal health care.¹ However, this new technology, which is based on the detection of a sexually transmitted virus, can have important social and psychological effects on women and can potentially damage their wellbeing, particularly when used outside an organized prevention program.

The psychological and social adverse effects described amongst women informed that they have a sexually transmitted infection (STI) which is a risk factor for cancer include anxiety, shame or stigma,² anger against their sexual partner,³ overestimation of cancer risk, sexual refusal, isolation and an urgent need for treatment.⁴ The magnitude of these effects depends on the characteristics of the woman concerned, her prior knowledge of HPV, and the communication content and skills of the health professional.⁵ For example, women who only know that HPV is an STI tend to suffer more psychological impact than those who also know that it is a very common infection.² Overestimation of the cancer risk by HPV-positive women usually occurs when health professionals communicate the positive test as bad news and synonymous with cancer, instead of a transient viral infection with low probability of leading to cancer.^{5,6}

Over-diagnosis and over-treatment are other possible costs of inadequately using HPV testing. In many cases, the test is offered to teenagers and younger women. As a result, many HPV-positive women with no precancerous lesions undergo aggressive treatments that can be deleterious to their health (conization, LEEP, etc.) to treat a health problem they do not entirely understand. Cancer risk is associated with persistent infections, and women younger than 30 years mainly have transient infections that usually regress spontaneously.

Over-treatment using ablative procedures (as there is no treatment for an HPV infection) results from many health professionals not recognizing that HPV-positivity does not imply the presence of a precancerous lesion, which should be the focus of our preventive efforts.

Several studies have shown that many health professionals in Latin America lack sufficient knowledge about the epidemiology of HPV infection, its causal link with cervical cancer, and test management.⁷

Screening in the context of an organized prevention program, including extensive training of health providers and education of the public, is essential to guarantee the correct use of HPV testing, based on scientific evidence. Women should understand the meaning of an HPV-positive result before receiving treatments that can have adverse consequences for their health.

Introducing HPV test screening with the objective of cervical cancer risk reduction cannot be done to the detriment of women's social and psychological wellbeing.

Psychosocial responses to HPV diagnosis

NEGATIVE RESPONSES	POSITIVE RESPONSES
• Anxiety/fear	• Empowerment
• Anger	• Self-confidence to prevent cancer
• Regret	• Informed decision about screening
• Overestimation of cancer risk	• Realistic awareness of cancer risk factors
• Concerns about loss of reproductive functions	• Adherence to screening and follow-up recommendations
• Concerns about negative reactions from friends, family or sexual partners	• Improvement of healthy lifestyles
• Concerns about partner infidelity or hostility	• Understanding that HPV is a common infection that affects most people during their lifetime
• Changes in physical intimacy activities	

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