
Policy Title: ISNCC Cervical Cancer Prevention and Screening Position Statement

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PREMISE

Cervical Cancer is both a preventable and curable disease.

BACKGROUND

Cervical cancer is the fourth most common cancer in women worldwide. The World Health Organization (WHO) estimates that each year over half a million women are newly diagnosed with cervical cancer and that half of them die of the disease^(1,2).

Almost all cases of cervical cancer and pre-cursor lesions are caused by persistent infection with some types of human papilloma virus (HPV), a common virus spread through sexual contact. It is notable that up to 75% of cervical cancers are diagnosed, and more than 80% of deaths from cervical cancer occur, in low and middle income countries (LMICs) due to significant disparities in access to prevention and screening programs^(3,4). Most women in LMICs who are diagnosed with cervical cancer have advanced, incurable disease; this reality has significant consequences for both individuals, who are at risk for increased suffering, and for already over-burdened health systems⁽⁵⁾. Women at greatest risk for the development of cervical cancer are those of low socioeconomic status, who are over the age of 50 years, and illiterate. In low resource countries, women with HIV are at high risk. In high resource countries, migrant and indigenous women are also identified as high-risk groups^(6,7). Tobacco use can increase the risk of cervical cancer. Women who are HPV positive and smoke have a 14-fold increase in risk in developing cervical cancer, compared to non-smoking HPV positive women⁽⁸⁾.

PREVENTION STRATEGIES AND SCREENING PROGRAMS

Effective interventions exist for prevention, screening and treatment of cervical cancer and its precursor lesions. Most of the women who die of cervical cancer have never been screened. Immunization against certain high risk HPV types and screening for the detection of precursor lesions are very successful public health measures in the prevention of cervical cancer. Once-per-lifetime screening between the ages 30 – 40 years can decrease the risk of cervical cancer by 25 – 36%^(9,10).

Widespread HPV immunization offers a primary prevention strategy and has the potential to greatly reduce the impact of cervical cancer worldwide. The maximum benefit is gained when the vaccine is given prior to HPV exposure. Therefore, the current recommendation is for children to begin the 3-dose HPV vaccine series at ages 11-12, or prior to becoming sexually active^(10,11).

The introduction of organized screening programs for cervical cancer has led to a dramatic decline in incidence and mortality. Even with the advent of HPV immunization programs, screening remains an important prevention

strategy^(9,12,13). An effective cervical cancer screening program requires rigorous quality measures at every stage. For example, an effective screening program must include:

- a clear and feasible plan for recruitment;
- a regular screening schedule;
- an effective screening tool;
- the ability to deliver screening results in a sensitive and timely way;
- a feasible plan to recall patients who have abnormal results;
- the ability to provide referral for further evaluation and treatment if needed^(13,14).

Screening programs that are introduced in an opportunistic way with little attention paid to infrastructure support, quality measures, uniform policies and call/recall mechanisms, result in less than optimal declines in incidence and mortality^(15, 16).

Detecting cervical cancer and precursor lesions in both high and low resource settings can be accomplished by screening⁽¹³⁾. Screening methods include the Papanicolaou (Pap) smear, liquid-based cytology, visual inspection with acetic acid (VIA), visual inspection with Lugol's iodine (VILI), HPV DNA testing, or a combination of these methods^(11,18).

Major determinants that influence the incidence of cervical cancer should be considered in program development, including:

- prevalence of HPV in the general population;
- availability and access to immunization and screening programs;
- number of personnel trained in cervical cancer prevention;
- participation by indigenous and migrant women in immunization and screening programs⁽¹⁹⁾;

Socioeconomic differences in screening practices tend to decrease when participation is promoted, accessibility is increased, cultural as well as economic barriers are removed, and social support is offered⁽²⁰⁻²³⁾. Screening for cervical cancer should be part of a broader health promotion program^(24,25).

POSITION

The International Society of Nurses in Cancer Care (ISNCC) is committed to promoting a comprehensive approach to cervical cancer prevention that includes education, HPV immunization, screening, and treatment of precancerous lesions.

The World Cancer Declaration, launched during the 2013 World Cancer Leaders' Summit, underpins ISNCC's position on cervical cancer prevention and screening. According to the International Union for Cancer Control (UICC), "The World Cancer Declaration calls upon government leaders and health policy-makers to significantly reduce the global cancer burden, promote greater equity, and integrate cancer control into the world health and development agenda"⁽²⁶⁾.

The Society supports all strategies to reduce the incidence, morbidity, and mortality of cervical cancer. The Society is committed to making affordable and effective HPV vaccination and cervical cancer screening available to all women, regardless of social status, income or location. ISNCC supports strategies that promote equitable

access and ensure ethical considerations are intrinsic in all prevention and screening endeavors. Nurses are in a key position to promote HPV immunization and cervical screening to all women.

RECOMMENDATIONS

- All nurses enact their responsibility as consumer advocates, lobbying governments and healthcare organizations for the establishment of acceptable long-term policies, financial infrastructure, legislation, trained health professionals and quality assurance systems to support HPV immunization and cervical screening programs that ensure equitable access for all women.
- HPV immunization and cervical screening services are provided by appropriately trained healthcare professionals, including nurses, and other health workers to increase the acceptability, accessibility, and affordability of these programs.
- All nurses assume responsibility for promoting HPV immunization and cervical cancer screening within a broader health promotion framework relevant to the local context that advances women's health and the health of their families. Additional patient support may relate to nutrition, exercise, smoking prevention and cessation, sexual practices, and sexually transmitted infections. It is important that nurses ask about these relevant health behaviors when assessing a patient's risk for developing cervical cancer.
- Health education is offered to both women and men, to improve the awareness of both the benefits and limitations of HPV immunization and cervical cancer screening programs.
- Health education programs regarding HPV immunization and cervical cancer screening must be clear, brief and respectful of local culture and health literacy and use a variety of media.
- Recruitment strategies for HPV immunization and cervical cancer screening programs must be culturally sensitive and specific, aimed at whole populations, and designed to promote screening and immunization in previously under-screened/non-immunized women.
- Nurses work to decrease the barriers within healthcare and social systems that discourage or prevent women from attending HPV immunization and cervical cancer screening programs.

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