Policy Title: ISNCC Cervical Cancer Prevention and Screening Position Statement
Date Drafted: August 2012
Date Approved by Board of Directors: October 2012

Premise

Cervical Cancer is both a preventable and curable disease.

Background

Cervical cancer is the second most common cancer in women worldwide. The World Health Organization estimates that each year over half a million women are newly diagnosed with cervical cancer and that nearly 300,000 women die of the disease.

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 of significance that up to 75% of cervical cancers are diagnosed and more than 80% of deaths from cervical cancer occur in low resource countries due to gross disparities in access to prevention and screening programs. Most of these women are diagnosed with advanced disease. 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.

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. Widespread HPV immunisation offers a primary prevention strategy and has the potential to reduce the impact of cervical cancer worldwide. The current vaccines can prevent approximately 70% of cases of cervical cancer if given before exposure to the virus, although new vaccines, currently under investigation, will increase this percentage.

The introduction of organized screening programs for cancer of the cervix has led to a dramatic decline in incidence and mortality. Even with the advent of immunisation programs, screening remains an important preventative strategy. An effective screening program includes recruitment, a regular screening schedule, a screening tool, delivery of screening results, recall for abnormal results, and referral for further evaluation and treatment, where appropriate. It requires rigorous quality measures at every stage. Programs 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.

Immunisation against certain high risk HPV types and screening for the detection of precursors of cervical cancer are very successful public health measures in the prevention of cervical cancer and its precursors. Once-per-lifetime screening between the ages 30 – 40 years can decrease the risk of cervical cancer by 25 – 36%.

Detecting cervical precancerous and cancerous abnormalities in both high and low resource settings can be accomplished by screening. 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.

The major determinants of the incidence of cervical cancer should be considered in program development:

- the prevalence of HPV in the general population,
- limited access to or an absence of immunisation and screening programs,
- a lack of personnel in low resource countries who are trained in cervical cancer prevention,
- low participation by indigenous and migrant women in immunisation and screening programs in high resource countries.

Socioeconomic differences in screening practices tend to decrease when participation is promoted, accessibility is increased, cultural and economic barriers are removed and social support is offered. Screening for cervical cancer should be part of a broader health promotion program.

Position

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

The World Cancer Declaration underpins ISNCC's position on prevention and screening.

The Society supports all strategies to reduce the incidence, morbidity, and mortality of cervical cancer. This includes making affordable and effective HPV vaccines, creening technologies and treatments available to all women. ISNCC supports strategies that promote equitable access and ensure ethical considerations are intrinsic in all prevention and screening endeavours. Nurses are in a key position to promote HPV immunisation and cervical screening to all women.

ISNCC Recommends that:

- 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 immunisation and cervical screening programs that ensure equity of access to all women.

- HPV immunisation and cervical screening services are provided by appropriately trained health professionals and workers to increase the acceptability and accessibility of these programs

- All nurses assume responsibility for promoting HPV immunisation and cervical screening within a broader health framework relevant to the local context that advances women's health and the health of their families. This may include nutrition, smoking prevention and cessation, sexual practices, and sexually transmitted infections.

- Health education is offered to both women and men, to improve the awareness of both the public and health professionals of the benefits and limitations of HPV immunisation and cervical screening programs.

- Health education programs regarding HPV immunisation and cervical screening must be clear, brief and respectful of local culture and health literacy and use a variety of media.

- Recruitment strategies for HPV immunisation and cervical screening programs must be culturally sensitive and specific, aimed at whole populations and promote screening in previously underscreened women.

- Nurses work to decrease the barriers within healthcare and social systems that discourage or prevent women from attending HPV immunisation and cervical screening programs.

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