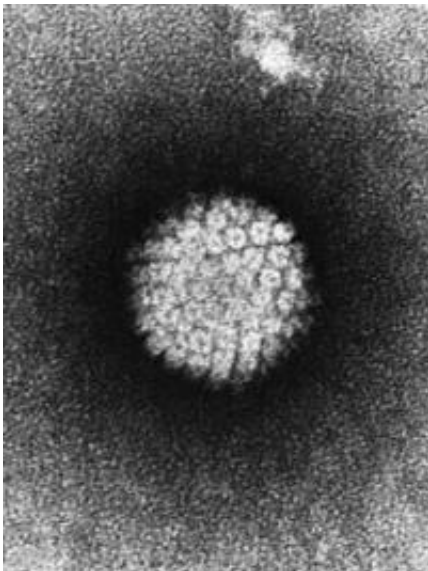


Providing hope in Africa's battle against cervical cancer

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Oxford scientists are to set down a strategy for preventing cervical cancer in Africa. Pictured here is an electron micrograph of a negatively stained human papilloma virus (HPV) which causes cervical cancer

(PhysOrg.com) -- A global conference, organised by Oxford University's Africa-Oxford Cancer Consortium (AfrOx) and Cardiff University, is to set down a strategy for preventing cervical cancer in Africa and issue an international call for action in combating the disease.

Cancer kills more people worldwide than [HIV/AIDS](#), malaria and TB combined. While cancer is often thought of as a disease of the affluent

West, more than half of new cancer cases occur in developing countries. By 2020 there are expected to be 15 million new cases of cancer every year, 70 per cent of which will be in developing countries. Africa is least able to cope in terms of health infrastructure: 32 of the 53 countries in Africa have no radiotherapy services, nor any prevention, screening, early diagnosis or end-of-life care programmes.

[Cervical cancer](#), the most common type of cancer for women in Africa, is largely a preventable disease through vaccination and screening programmes. Instigating such schemes across Africa would save millions of lives. AfrOx has joined forces with Cardiff University and will play a leading role in bringing together relevant organisations to put in place the necessary infrastructure, resources, training and health education to make this a reality.

The conference delegates will issue a declaration at the end of the conference that will call for global support to provide the funds to eradicate this disease in the developing world. The meeting will also produce a strategy for the prevention of cervical cancer in Africa, agree an action plan for its implementation, identify sources of funding for pilot projects, and set out the training, infrastructure, and societal needs for those pilots.

'In Africa, cancer is currently a sentence to a painful and distressing death,' says Professor David Kerr of AfrOx and Oxford's Department of [Clinical Pharmacology](#). 'But we can do something about it. Cervical cancer in particular is largely a preventable disease. The challenges are many and large, but if we can bring together the necessary expertise and resources, we can save millions of lives.'

Cervical cancer is the most common cancer affecting women in Africa. The disease also illustrates a striking global health inequality: of the more than 274,000 deaths from cervical cancer each year, 80% occur in

developing countries. Africa has nine times the incidence of cervical cancer compared to the USA, but 24 times the mortality. The incidence of cervical cancer appears to be increasing in the developing world, whereas incidence is falling in developed nations, largely due to systematic screening activity. In the UK, for example, women are now half as likely to be diagnosed with cervical cancer as they were when the NHS Cervical Screening Programme began in 1988, and a vaccination programme has recently been introduced.

Professor Alison Fiander, a Gynaecological Cancer Surgeon from Cardiff University, said: 'We have the means to prevent cervical cancer and there is a moral imperative to apply these where the burden of disease is greatest.'

This landmark conference, 'Towards the Prevention of Cervical Cancer in Africa', on 26-27 March at St Catherine's College, Oxford, will be attended by health ministers from African nations, African doctors, UK government members and advisors, the World Health Organization, representatives from the pharmaceutical industry, leading international oncologists, and major global cancer organizations and charities. The sessions, chaired by Professor Kerr and Professor Fiander, will discuss how best to implement appropriate screening and vaccination against cervical cancer in Africa.

Vaccines are available against two types of the human papilloma virus ([HPV](#)) which cause around 70 per cent of cervical cancer cases. Protecting women against the virus requires vaccinating young women aged 10-12 three times in six months. This presents a unique challenge in Africa, where girls of this age may not be in school, where immunization is easiest. Current HPV vaccines are expensive and beyond the reach of African countries. It will be critical to reach agreement over means of providing affordable vaccines throughout Africa.

In developed countries with well-organised cervical screening, 70-80 per cent of cervical cancer can be prevented. Screening based on cervical smears is not feasible in Africa where there is a lack of the necessary infrastructure. However there are effective low technology alternative methods of screening which can pick up pre-cancerous disease, and allow treatment to get rid of these lesions and prevent progression to cervical cancer.

Provided by Oxford University ([news](#) : [web](#))

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