

# Cervical cancer prevention and control Systemised screening – Proof of Concept - 16 protocols of Raj

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**Key words:** Cervical cancer, screening, screening methods, HPV testing & vaccination

## Abstract:

Worldwide, cervical cancer is the 4th leading cancer in women. It accounts for about 530 000 cases per year. The total number of deaths due to cervical cancer is about 270 000 per year. This is according to the statistics in 2012. 85% of these new cases occur in developing countries. In India, according to the statistics available in 2017, 122844 women are diagnosed with cervical cancer and 67477 die from the disease, every year. Cervical cancer ranks the 2nd most frequent cancer among women aged between 15 and 44 years of age.

Screening for cancer is known to reduce mortality by early treatment and detection. But, due to many factors and constraints, coverage of cervical cancer screening in developing countries is 19% compared to 63% in developed countries and ranges from 1% in Bangladesh to 73% in Brazil. Opportunistic screening in Kerala is 6.9%, 0.006% in Maharashtra and 0.002% in Tamil Nadu, according to data sources, 2017.

This concept paper describes the 16 strategic inputs, to be planned and implemented for an effective, community based Cervical Cancer screening program, which have been found to be highly successful by the author, as the Principal Investigator of one of the largest screening programs in India, during 2000 – 2007.

This was a collaborative research project with IARC / WHO. The referred Proof of Concept paper by the author:

## THE 16 PROTOCOLS OF RAJ

### “RARE-STEPS-IMPACTS”

16 letter Protocol – RARE STEPS IMPACTS.

#### 1. REDUCTION

Very ambitious, yet specific objectives, has to be defined at the beginning of the project, which aura traverses all along the program. The typical objectives could be:

- 1) TO REDUCE the incidence rate of Cervical Cancer.
- 2) TO REDUCE the mortality rate due to Cervical Cancer.

#### 2. AREA – Enumerated & Census recorded

The cervical cancer program / project, should define their area of operation which should be a designated revenue division, the area should have a local stable government.

#### 3. REGISTRY

The registries to be established are:

TARGET GROUPS REGISTRY, HPV REGISTRY, PRE CANCER REGISTRY

#### 4. EDUCATION

The Universal Education is the key factor for the success of screening programs.

#### 5. SCREENING

Screening barriers to be identified– and solutions to be planned for Break points and Benefits

#### 6 TREATMENT

PRE CANCER MANAGEMENT SERVICES to be made available, accessible and affordable

#### 7. EVIDENCE BASED CURE

The success of the screening program depends on the evidence shown by important program indicators.

8. **PATHOLOGY SERVICES:** To be offered which are highly efficient

#### 9. SOCIAL RECOGNITIONS & REPUTATIONS

#### 10. IMPLEMENTATION

The health services project in the community should not stop, in between and they should not be time bound.

#### 11. MOTIVATION

The achievement made by the cervical cancer screening program should serve as a motivator for other agencies, organisations, local governments, to get interested in the program and to start implementing them in their respective settings

#### 12. PUBLICATIONS

#### 13. ADVOCACY

The project holders, should take the responsibility of taking the benefits of a screening program, beyond their boundaries, by advocating through various media, interviews, writing books, representation in conferences

#### 14. COLLABORATIONS

To widen and establish the health services, we need collaborations of local medical hospitals, medical schools/colleges / universities and also with funding agencies at regional, national and international levels.

#### 15. TECHNOLOGY TRANSFER

Otherwise called as transformation technology, it offers chances for the training of personnel, in various technical aspects of the program

#### 16. SERVICE TO THE SOCIETY

The deliberations made so far, would culminate to a single objective - Service to the Society

## CONCLUSION

The author envisages that ‘Systemised Screening’ should be a new concept at Planning level, of cervical cancer screening programs..The cervical health activities should start at 16 years of a woman and get implemented through 16 protocols till 60 years of age. If the health planners would incorporate these time tested strategies, the cervical cancer programs would achieve their targets and serve as a beacon of light for other programs, especially in developing and under-served countries.

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