SERVICE BEYOND BORDERS



Cervical cancer prevention

IN A DEVELOPING COUNTRY LIKE INDIA



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A 501(3)© TAX EXEMPT ORGANIZATION

OBJECTIVE :

***The objective of this cervical cancer prevention program will be to provide cytologic screening for the prevention of cervical cancer in areas of greatest need.***

**OVERVIEW:**

In developing countries, there is a lack of effective screening programs for cervical cancer. In these countries, no clinically significant reduction in the incidence of cervical cancer has occurred during the past three decades. In developed countries, by contrast, there has been a major decline in cervical-cancer mortality after the introduction of large-scale cytologic testing.

Cancer of the cervix has been the second most important cancer in women in India over the past two decades. In 2012 cancer of the cervix accounted for 22.9 per cent of all cancers in women. The highest age specific incidence rate of 98.2 per 100,000 for cancer cervix was seen in the 60-64 yr age group. Since over 70 per cent of the Indian population resides in the rural areas, cancer of the cervix still constitutes the number one cancer in either sex. Based on the data of GLOBOCAN, the estimated number of new cervical cancers during 2012 in India was 122,844. The relative five year survival reported some time earlier averaged 48.7 per cent. In contrast the developed countries have an incidence rate of 17 per 100,000 with a mortality rate of 23.

In a previously unscreened population of women aged between 25 and 65 years, the following

percentages of abnormal results are likely: (WHO data)

• LSIL: 3–10%;

• HSIL: 1–5%;

• Invasive cancer: 0.2–0.5%.

Data specific to India for women with incidence and mortality shows that cervical cancer in the second most cancer to occur at 22.9% with mortality rate of 20.7%. \* GLOBOCAN 2012 Data

**GOALS:**

1. To provide access to underserved women to advanced cervical cancer screening methods at no cost.

2. To co-ordinate services for women who get diagnosed with abnormal cervical screening and cervical cancer.

3. To reduce the incidence of cervical cancer in areas of high prevalence.

**PROCESS:**

1. To identify blocks within a district and work in one block at a time

2. To use the Primary Health Center in the block as the access point for screening exams to take place.

3. To increase awareness among women in the selected area between the ages of 21-65 regarding cervical cancer prevention.

4. To perform cytologic screening using the liquid based method (pap smear) to all underserved women once every 3 yrs. ***We made a change in our process and in place of the liquid pap smears which were not available in the remote areas, decided to perform Visual Inspection with Acetic acid of the cervix\* The WHO recommends performing VIA on women in remote areas:*** The alternative simple and safe cervical cancer-prevention techniques simplify the process and render it feasible and acceptable to women and providers in low-resource settings.

5. Colposcopy on the site of the camp to perform for positive VIA and refer those who need treatment. The WHO recommends Cryotherapy for abnormal VIA on site “see and treat” which could be adopted with the help of a cryotherapy equipment.

6. To co-ordinate care for all women who have abnormal pap smears or cervical cancer.

**EXPENSES:**

Cost of travel and stay was minimal as everything was paid by the local agencies including our stay and commute.

***REPORT OF OPERATION JANUARY 2018:***

RAJMAHAL CAMP:

The first event was the cervical cancer screening camp in Rajmahal a small and rural town in Jharkhand. It was organized by the women’s wing of the Jharkhand IMA and the local government. The brand new sadar hospital was inaugurated by the health minister prior to my arrival and the team that I have trained started performing VIA or visual inspection of acetic acid for women. They screened 350+ women and found 50 dysplasias, which comes to 14%. The team included the two docs that I have trained from Ranchi Sadar hospital and local doctors that also participated. The “positive VIA” were planned to follow with the local physicians. I arrived on day 2 of the camp and received an award by the Governor of Jharkhand for the work that our organization has done. The governor agreed to buy a colposcope and cryo machine for the local hospital. I also participated in the camp on day 2 and we screened approx 200 women that day with 18 positive VIA. I also performed cryotherapy for 3 women. I did not purchase the equipment as I did not think it met standards and did not work well at all, I could have done more. Ashrita Kumar volunteered with traffic control and assisting the doctors. Please see Facebook page for pictures posted.

HEALTH AWARENESS & EDUCATION AT ASHA ASHRAM

The second event was an absolute eye opener. We got the opportunity to meet young girls at a local non profit ASHA which rescues young children from trafficking and abuse and shelters them. This branch that I visited houses 80 kids both boys and girls. I was introduced to the organization by a local organization called Marwari Youth Association, they had planned to educate the young girls about health and hygiene including distribution of feminine hygiene products. I spoke about sex and health issues particular to young teens. This visit was very insightful and the organization can do with a lot of help. They need funds for food, clothing and education for these children. In 2016 a group of volunteers from France came and built a whole second floor to the building to help with the housing. Please also see the fb page for details and pictures.

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